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Rules of Governmental Agencies

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published by
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Secretary of State

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INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. Rulemaking activity consists of proposed or adopted new rules or amendments to or repealers of existing rules, including those by emergency or peremptory action.

The *Register* also contains Executive Orders and Proclamations issued by the Governor, notices of public information required by State statute, and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies. In addition, the *Register* contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current *Register* volume and a Sections Affected Index listing, by Title of the *Illinois Administrative Code*, each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume. Both indices are action coded and are designed to aid the public in monitoring rules.

The *Register* will serve as the update to the *Illinois Administrative Code*, a compilation of the rules of State agencies. The most recent edition of the *Code* along with the *Register* comprise the most current accounting of the State agencies' rules.

The *Illinois Register* is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1 et seq.].

REGISTER PUBLICATION SCHEDULE 1994

Material Rec'd after 12:00 p.m. on:	And before 12:00 p.m. on:	Will be in Issue #:	Published on:	Material Rec'd after 12:00 p.m. on:	And before 12:00 p.m. on:	Will be in Issue #:	Published on:
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June 21, 1994	June 28, 1994	27	July 8, 1994	Dec. 27, 1994	Jan. 3, 1995	2	Jan. 13, 1995

Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday *(the day before).*

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BOARD OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Health Services Education Grants Act

2) Code Citation: 23 Ill. Adm. Code 1020

3)

Section Numbers:	Proposed Action:
1020.10	Amendment
1020.20	Amendment
1020.30	Amendment
1020.40	Amendment
1020.50	Amendment
1020.60	Amendment
1020.70	Amendment
1020.80	Amendment

4) Statutory Authority: Implementing and authorized by the Health Services Education Grants Act (110 ILCS 215/1 et seq.).

5) A complete description of the subjects and issues involved: Amendments are proposed to implement Board of Higher Education revised policies for education of health professionals, and to clarify the eligible institutions and programs, classes of grants, and the determination of enrollments eligible for funding.

Those policies include the expansion of minority incentive grants for most health professions programs and increasing the number of primary care health professionals in Illinois. Other adjustments in grant rates are proposed in response to the need for capacity adjustments in the health professions in Illinois.

Definitions for allied health program, eligible program, and non-profit health service educational institution are proposed to further clarify those institutions and programs eligible for funding.

Audit guidelines are amended to specify more clearly the controls for compliance with the program.

6) Will this proposed amendment replace an emergency rule currently in effect? No.

7) Does this rulemaking contain an automatic repeal date?: No.

8) Does this proposed amendment contain incorporations by reference?: No.

9) Are there any other proposed amendments pending on this Part?: No.

10) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

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11) The time, place and manner in which interested persons may present their views concerning the proposed action. Written comments will be accepted up to 45 days from days of publication of this notice and should be directed to:

Carolyn Lorton, Associate Director
Illinois Board of Higher Education
4 West Old Capitol Plaza, Room 500
Springfield, Illinois 62701-1287

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: Not-for profit colleges and universities.
B) Reporting, bookkeeping or other procedures required for compliance: no additional requirements.
C) Types of professional skills necessary for compliance: no additional requirements.

The full text of the proposed amendments begins on the next page:

BOARD OF HIGHER EDUCATION

NOTICE OF PROPOSED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER II: BOARD OF HIGHER EDUCATION

PART 1020
HEALTH SERVICES EDUCATION GRANTS ACT

Section
1020.10 ~~Classes of~~ Eligible Institutions
1020.20 Classes of Grants
1020.30 Definitions
1020.40 Grant Rates ~~Amounts~~ and Allocations
1020.50 Determination of Enrollment
1020.60 Conditions for Grants
1020.70 Application Forms
1020.80 ~~Enrollment~~ Audit Guidelines

AUTHORITY: Implementing and authorized by the Health Services Education Grants Act (Ill. Rev. Stat. 1991, ch. 111-1/2, pars. 821 et seq.) [110 ILCS 215/1 et seq.].

SOURCE: Adopted April 15, 1976; amended at 4 Ill. Reg. 8, p. 137, effective March 22, 1980; amended at 5 Ill. Reg. 2993, effective March 6, 1981; amended at 6 Ill. Reg. 5518, effective April 14, 1982; codified at 8 Ill. Reg. 1453; amended at 8 Ill. Reg. 16878, effective September 4, 1984; amended at 10 Ill. Reg. 7749, effective April 28, 1986; amended at 11 Ill. Reg. 5208, effective March 12, 1987; amended at 14 Ill. Reg. 2020, effective January 18, 1990; amended at 18 Ill. Reg. 4174, effective March 3, 1994; amended at 18 Ill. Reg. _____, effective _____.

Section 1020.10 ~~Classes of~~ Eligible Institutions

For purposes of the Health Services Education Grants Act (the Act), public institutions and proprietary institutions shall not be considered non-profit Illinois institutions eligible for grants. Eligible institutions shall be ~~divided into the following classes~~:

a) Colleges and universities offering eligible medical, dental, optometric, podiatric, or pharmacy education programs.
b) Colleges and universities offering eligible masters, baccalaureate, associate, or certificate level allied health education programs.
c) Hospitals offering the clinical component of eligible masters, baccalaureate, associate, or certificate level allied health education programs.
d) Colleges and universities offering eligible masters, baccalaureate, or associate level nursing education programs.
e) Hospitals offering the clinical component of eligible masters or baccalaureate level nursing education programs; and hospitals offering eligible diploma nursing programs.

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f) Hospitals offering eligible residency programs in family practice or obstetrics/gynecology which are affiliated with and under the educational supervision of public or private medical schools or colleges. Hospitals shall operate the residency program under written agreement with the medical school or college.

~~a) Class--I--Institutions-----Colleges--and-universities-offering-medical education-programs.~~

~~b) Class-II-Institutions----Colleges--and--universities--offering--dental education-programs.~~

~~c) Class-III-Institutions---Colleges-and-universities-offering-optometric education-programs.~~

~~d) Class--IV--Institutions---Colleges-and-universities-offering-podiatric medical-education-programs.~~

~~e) Class-V-Institutions---Colleges-and-universities--offering--accredited masters-level-allied-health-education-programs.~~

~~f) Class--VI--Institutions---Colleges-and-universities-offering-the-third and-fourth-years--of--accredited--baccalaureate--level--allied--health education-programs.~~

~~g) Class---VII--Institutions-----Colleges,--universities,--and--hospitals offering-the-last-year-of-accredited-allied-health-education--programs which-lead-to-either-a-certificate-or-associate-degree.~~

~~h) Class---VIII---Institutions------Colleges--and--universities--offering accredited-masters-level-nursing-education-programs.~~

~~i) Class-IX-Institutions---Colleges-and--universities--offering--the third--and-fourth-years-of-accredited-baccalaureate-level-nursing education-programs.~~

~~j) Class-X-Institutions---Colleges-offering-the-second-year-of-accredited associate-degree-nursing-education-programs.~~

~~k) Class-XI-Institutions---Hospitals--offering--the--last--two--years--of three-year--accredited--nursing-education-programs-or-the-last-year-of two-year-accredited-nursing-education-programs.~~

~~l) Class-XII-Institutions---Hospitals-offering-the-first-three--years--of accredited--residency--training-in-family-practice,-internal-medicine, obstetrics/gynecology,-and-pediatrics-programs--which--are--affiliated with---and---under--the--educational--supervision--of--public--medical schools/colleges.--Hospitals-shall-operate-the-residency-program-under written-agreement-with-the-medical-school/college-and--such--agreement must--include--at--least-the-following-criteria:--the-appointment-of-a program--director--and--teaching--staff,---specific---designation---of educational-program-responsibilities-for-each-party,-and-provision-for facilities---and---space---to--be--utilized--for--educational--program activities.~~

~~m) Class--XIII--Institutions-----Colleges---and---universities---offering baccalaureate-level-pharmacy-education-programs.~~

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 1020.20 Classes of Grants

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a) Illinois Resident Grants - Annual stabilization grants which shall be distributed at an equal amount within a program and level for each Illinois resident enrollee or full-time-equivalent Illinois resident enrollee.

b) Minority Incentive Grants - Annual stabilization grants, awarded in addition to Illinois Resident Grants, which shall be distributed at an equal amount within a program and level for each Illinois resident minority enrollee or each full-time-equivalent Illinois resident minority enrollee.

~~a) Class--I-Grants---Single-non-recurring-grants-for-planning-and-capital expense-based-on-the-increase--in--the--number--of--Illinois--resident enrollees.~~

~~b) Class---II--Grants-----Annual--stabilization--grants--which--shall--be distributed-at-an-equal-amount-within-a-class-of-institutions-for-each Illinois-resident-enrolled.~~

~~c) Class--III--Grants-----Annual--stabilization--grants--which--shall--be distributed-at-an-equal-amount-within-a-class-of-institutions-for-each full-time-equivalent-Illinois-resident-enrolled.~~

~~d) Class--IV--Grants-----Annual--stabilization--grants--which--shall---be distributed-at-an-equal-amount-within-a-class-of-institutions-for-each medical-resident-who-meets-the-definition-of-Illinois-resident.~~

~~e) Class---V---Grants-----Annual--stabilization--grants--which--shall--be distributed-at-an-equal-amount-within-a-class-of-institutions-for-each Illinois-resident-enrolled-who-is-a-member-of--a--minority--racial--or ethnic--group--provided-the-number-of-eligible-students-may-not-exceed the-number-of-such-students-enrolled-in-1980-81.~~

~~f) Class-VI-Grants---Annual-increased-enrollment-grants--which--shall--be distributed-at-an-equal-amount-within-a-class-of-institutions-for-each Illinois--resident--enrolled--who--is-a-member-of-a-minority-racial-or ethnic-group-and-who-represents-an-increase--in--such--minority--group members-above-1980-81-levels.~~

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 1020.30 Definitions

a) "Allied health program" means an eligible program preparing students to provide services as allied health professionals in one of the following classifications: Communication Disorder Sciences and Services; Community Health Services; Dental Services (dental hygiene, lab technology, or assisting); Medical Records Technology/Technician; Health and Medical Assistants; Health and Medical Diagnostic and Treatment Services (radiologic, respiratory, and surgical technology); Health and Medical Laboratory Technologies; Ophthalmic and Optometric Services; Rehabilitation and Therapeutic Services (physical, occupational, art, recreational, and music therapy and assisting); Miscellaneous Health Aides; Medical Dietetics; and Medical Illustration.

b) "Eligible program" means a specific health education program for which funding is requested that is fully accredited or approved or formally classified as a candidate for accreditation or approval by a recognized accrediting body or, in those cases where there is no appropriate accrediting body, is otherwise determined by the Board of Higher Education to be eligible for funding.

c ~~a~~) "Illinois resident" is defined as follows:

1) For a student, except a medical resident, to qualify as an Illinois resident, a student must be a lawful resident of the United States and meet one of the following two requirements:

A At least one parent, stepparent or court appointed guardian of the student must reside in Illinois; or

B) The emancipated (self-supporting) student must have lived in Illinois, in some capacity other than as a student at a postsecondary educational institution, for a period of twelve continuous months immediately prior to enrollment in an Illinois postsecondary educational institution.

2) For a medical resident to qualify as an Illinois resident, the medical resident must be a lawful resident of the United States and meet the following requirements:

A) The medical resident must be employed by a hospital affiliated with and under the educational supervision of a public or private medical school or college in Illinois; and

B) The medical resident must be either a graduate of an Illinois medical school or college or a graduate of a high school, college or university located in Illinois and a graduate of a medical school or college located within the United States, the District of Columbia ~~and~~ or the several territories.

3) The resident/non-resident category in which the student or medical resident is placed at the time of initial matriculation will hold for his or her entire residency ~~education~~.

d ~~b~~) "Minority" means a student having racial or ethnic origin in one of the following groups: ~~Minority Racial or Ethnic Group Minority--racial or ethnic group is defined to include the following groups:~~

1) Black (not of Hispanic origin) - A person having origins in any of the Black racial groups of Africa.

2) Hispanic - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

3) American Indian or Alaskan Native - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 1020.40 Grant Rates Amounts and Allocations

a) Grant Rates ~~Amounts~~

1) Illinois Resident Grants

Program	Annual Grant Rate Per Enrollee
Medicine	$ 4,500
Dentistry	3,500
Optometry, Podiatry, or Pharmacy	2,200
Allied Health or Nursing	
Masters Level	2,000
Baccalaureate Level	1,000
Certificate/Associate/ Diploma Level	500
Medical Residency Programs Affiliated with Public and Private Medical Schools	
Family Practice	20,000
Obstetrics/Gynecology	7,500

2) Minority Incentive Grants

Program	Annual Grant Rate Per Enrollee
Medicine	$ 4,500
Dentistry	3,500
Optometry, Podiatry, or Pharmacy	2,200
Allied Health or Nursing	
Masters Level	1,000
Baccalaureate Level	1,000
Certificate/Associate/ Diploma Level	1,000

~~Class of Institution~~	~~Class of Grants~~	~~Amount of Grant Not to Exceed~~
~~I~~	~~II~~	~~$5,200~~
~~I~~	~~V~~	~~1,500~~
~~I~~	~~VI~~	~~3,000~~
~~II~~	~~II~~	~~3,700~~
~~II~~	~~V~~	~~1,000~~
~~II~~	~~VI~~	~~2,000~~
~~III~~	~~II~~	~~2,400~~
~~IV~~	~~II~~	~~2400~~
~~V~~	~~III~~	~~1,200~~
~~VI~~	~~III~~	~~1,200~~
~~VII~~	~~III~~	~~1,200~~
~~VIII~~	~~III~~	~~2,100~~
~~IX~~	~~III~~	~~1,100~~
~~X~~	~~III~~	~~600~~

~~XI~~	~~III~~	~~600~~
~~XII~~	~~IV~~	~~6,200~~
~~XIII~~	~~III~~	~~2,400~~

b) Grant Allocations. Grant allocations to institutions shall be determined annually, based upon funds appropriated under the Act, the grant amounts specified in Subsection (a), and the actual number of Illinois resident enrollments ~~residents--enrolled--in--institutions~~ eligible for grant support. In the event that the appropriation is not sufficient to fund grants at the established grant rate, the appropriated amount shall be prorated on the basis of eligible enrollments.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 1020.50 Determination of Enrollment

a) For all institutions except hospitals offering residency programs, the first day of the fourth full week of classes of the fall term shall be the date that the number of Illinois resident students enrolled and attending shall be determined. ~~The first day of the fourth full week of classes of the fall term shall be the date that the number of Illinois resident students enrolled and attending shall be determined for all Classes of Institutions except Class XII Institutions.~~

b) For hospitals offering residency programs, the first day of August shall be the date that the number of filled resident positions shall be determined. ~~For Class XII Institutions, the first of August shall be the date that the number of filled resident positions shall be determined.~~

c~~f~~) For institutions offering medicine, dentistry, optometry, podiatry, and pharmacy education programs: ~~For Class I, II, III, and IV Institutions the following limitations on Illinois resident enrollment shall apply:~~

1) Headcount enrollments shall be reported.

2~~1~~) The maximum number of years a student may be counted for ~~grants~~ grant purposes is four years.

3~~2~~) A student repeating any portion of the program may be counted only once in each of the four years.

d c) For institutions offering allied health and nursing education programs: ~~In the case of Class V, VI, VII, VIII, IX, X, XI, and XIII Institutions, the~~

1) ~~full~~Full-time-equivalent (FTE) undergraduate or graduate Illinois enrollment shall be reported. Undergraduate FTE enrollment shall be determined by dividing the total credit hours (or equivalent) by 15. For masters level programs, FTE enrollment shall be determined by dividing the total credit hours by 12. Any fraction of the program's total FTE will be dropped.

2~~1~~) For institutions which do not grant credit hours, the credit hour value of each unit is obtained by dividing the number of units

required for a typical baccalaureate degree into 120 for semester hour equivalency or 180 for quarter hour equivalency.

3~~2~~) For educational programs offered by hospitals, an FTE student is a statistical unit based upon the typical full-time academic load. Of the normal academic load, a student taking three-fourths will account for .75 FTE, one- half will account for .5 FTE, and one-fourth will account for .25 FTE. Any fraction of the program's total FTE will be dropped.

4) A student repeating any portion of a program may not be counted for any repeated credit hours of the program.

e~~d~~) For institutions offering undergraduate allied health and nursing education programs, ~~For Class VI, VII, IX, X, and XI Institutions~~ the classification of students by year shall be as follows:

1) First year - less than 30 semester hours (45 quarter hours) or the equivalent.

2) Second year - 30-59 semester hours (45-89 quarter hours) or the equivalent.

3) Third year - 60-89 semester hours (90-134 quarter hours) or the equivalent.

4) Fourth year - 90 or more semester hours (135 or more quarter hours) or the equivalent.

~~e) If the institution does not grant credit hours, the equivalent classification of students by year shall be as follows:~~

~~1) First year - the equivalent of less than 30 semester hours in a typical baccalaureate degree program.~~

~~2) Second year - the equivalent of between 30-59 semester hours in a typical baccalaureate degree program.~~

~~3) Third year - the equivalent of between 60-89 semester hours in a typical baccalaureate degree program.~~

~~4) Fourth year - the equivalent of 90 or more semester hours in a typical baccalaureate degree program.~~

f) For institutions offering allied health and nursing programs, the following Illinois resident enrollments are eligible for funding:

1) Enrollments in all years of masters allied health and nursing programs shall be eligible for funding.

2) Enrollments in the third and fourth years only of baccalaureate allied health and nursing programs shall be eligible for funding.

3) Enrollments beyond the first year of diploma, associate or certificate programs in allied health or nursing shall be eligible for funding up to a maximum of two years.

g) For hospitals offering eligible residency programs in family practice or obstetrics/gynecology affiliated with and under the educational supervision of public or private medical schools or colleges, enrollments in the first three years of such programs shall be eligible for funding.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 1020.60 Conditions for Grants

a) Application requirements. To be eligible for a grant under this grant program, an institution shall submit the following documents:
   1) A certification of enrollments and graduates for the previous ~~fiscal~~ year.
   2) A certification of enrollments for the current ~~fiscal~~ year.
   3) A projection ~~An estimate~~ of future enrollments.
   4) A certification of minority enrollments and graduates for the previous year. ~~A tabulation of minorities enrolled in the program.~~
   5) A certification of minority enrollments for the current year.
   6) A projection of future minority enrollments.
   ~~7~~5) A report on the location and activity of the previous year's graduates.
   ~~8~~6) Certification of compliance with an open policy with respect to race, color, creed, sex and national origin.
   ~~9~~7) An audit of grants received in the previous year performed by an external auditor who is registered as a public accountant by the Illinois Department of Professional Regulation. Section 1020.80 provides audit guidelines for external auditors to conduct the audit and prepare the audit report. ~~An enrollment audit and a certified financial audit of the institution for its previous fiscal year performed by an external auditor who is registered as a public accountant by the Illinois Department of Professional Regulation. Section 1020.80 provides enrollment audit guidelines for external auditors to conduct an enrollment audit and prepare this report.~~
b) In the event that an ~~enrollment~~ audit reveals that an overpayment was made in a grant to an institution, one of the following courses of action will be followed:
   1) A reduction will be made on the amount of the institution's grant in the following year.
   2) A reimbursement to the State shall ~~will~~ be required.
c) In the event that no ~~enrollment~~ audit is submitted, an institution shall ~~will be required to~~ reimburse the State for the total amount of the grant.
d) Underpayments of a previous fiscal year's grant revealed by an ~~enrollment~~ audit shall not be disbursed to an institution in subsequent year grants.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 1020.70 Application Forms

Grant applications may be obtained from the Illinois Board of Higher Education, 4 West Old Capitol Plaza, Room 500, Springfield, Illinois 62701-1287. Completed applications should be submitted to the Board at the same address and must be submitted by the fourth Tuesday in November of each year. ~~Grant applications may be obtained from the Illinois Board of Higher Education, 500 Reisch Building, 4 West Old Capitol Square, Springfield, Illinois 62701. Applications should be submitted to the Board at the same address. Applications must be submitted by the fourth Tuesday in November of each year.~~

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 1020.80 ~~Enrollment~~ Audit Guidelines

a) To fulfill the ~~enrollment~~ audit requirement in Section 1020.60(a) institutions shall contract to perform an audit of grants received with an external auditor who is registered as a public accountant by the Illinois Department of Professional Regulation.
b) The auditor shall perform tests to determine whether the institution has administrative control structures to provide reasonable assurance that the enrollments claimed are accurate.
c~~b~~) The auditor shall obtain a copy of the certification of enrollment document(s) included with the application materials and a copy of this Part. To verify enrollment the auditor shall perform tests of institutional records to assure that information reported in the certification of enrollment document(s) is true, accurate and meets the requirements of this Part. Such tests should include at least the following steps:
   1) Test residency status of students for compliance with the Illinois Resident definitions;
   2) For Illinois Resident Grants in medicine, dentistry, optometry, podiatry, pharmacy, and residency training programs, test the number of Illinois resident students enrolled and in record of attendance on the date for the enrollment data and test the compliance with student eligibility requirements. ~~For Class I, II, IV, V, and VI Grants test classification level and number of Illinois resident students enrolled and in record of attendance on the date for the enrollment data;~~
   3) For Illinois Resident Grants in allied health and nursing, test the number of credit hours for Illinois resident students enrolled and attending classes on the date of record for the enrollment data and test compliance with student eligibility requirements; ~~For Class III Grants test the classification level and the number of credit hours being earned by Illinois resident student enrolled and attending classes of record on the date for the enrollment data;~~
   4) For Minority Incentive Grants, test the students claimed for compliance with the definition in Section 1020.30(d) for minority racial or ethnic group and test for compliance with student eligibility requirements; ~~For Class V and VI Grants test the students claimed for compliance with the definition in Section 1020.30(b) for minority racial or ethnic group;~~

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5) For all grants, test for compliance with program eligibility requirements as specified in Section 1020.10(a)-(f) and 1020.30(b).

6) Trace the extensions and totals from the enrollment records to the certification of enrollment document(s).

7) For medical residency grants, test the hospital eligibility as to formal affiliation status with a public or private medical school or college as specified in Section 1020.10(f).

(Source: Amended at 18 Ill. Reg. _____, effective _____)

DEPARTMENT OF MINES AND MINERALS

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: The Illinois Oil and Gas Act

2) Code Citation: 62 Ill. Adm. Code 240

3)

Section Numbers:	Proposed Action:
240.10	Amend
240.860	Amend
240.861	Amend
240.1600	Amend
240.1620	Amend
240.1810	Amend

4) Statutory Authority: Implemented and authorized by Sections 6 and 8a of The Illinois Oil and Gas Act (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5409 and 5413, 225 ILCS 725/6 and 725/8a).

5) A Complete Description of the Subjects and Issues Involved:
During the process of oil production, oilfield brine (saltwater) is produced with the oil. The oilfield brine will contaminate the groundwater and land surface if not properly disposed. In the past, oilfield brine was collected in earthen pits at production facilities prior to removal for disposal. Initially, the pits were not lined with any synthetic or natural materials to prevent the leakage of the oilfield brine into the groundwater system. The pits were later lined with synthetic materials, but, as the lining material degraded, these pits began to leak and have been a source of groundwater and surface land contamination over the years.

The disposal of oilfield brine is currently regulated as part of the USEPA Underground Injection Control Program, which is administered by the Illinois Department of Mines and Minerals (Department). The Department began developing rules for the closure of these pits in 1993 (with certain exceptions for cement pits or pits with extremely thick rubber liners) to remove sources of contamination throughout the oil producing regions of the state. The Illinois Environmental Protection Agency, the Illinois Department of Nuclear Safety (IDNS) and the Illinois oil and gas industry all participated in the development of Department rules that became effective on May 13, 1994.

During the development of these rules, the presence of NORM contained in oilfield brine became an issue. NORM is a low level radioactive, naturally occurring mineral brought to the surface with the oil and brine precipitated out in the earthen pits. As the issue gained national prominence, and the Department and IDNS became aware of the issue, both agencies determined the NORM material should be addressed during the disposal of oil and gas waste. Although the Department's pit closure rules had addressed the NORM issue, the Department and IDNS continued to meet in order to further "fine tune" an appropriate regulatory response to this serious concern.

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The Department has proposed amendments to Section 240.860(d), as outlined in the following text, in order to address the legitimate concerns raised by the IDNS. In addition, the Department has proposed adjustments to the pit closure deadlines in Section 240.860 to allow the oil and gas industry time to adjust to this new regulatory approach. Finally, the Department has proposed changes to Section 240.861, the rules governing existing pits, to ensure that these sites do not pose future environmental problems.

Sections 240.10, 240.1600, 240.1620 and 240.1810 are being amended to correct clerical mistakes made during previous rulemaking. In addition, the Department is proposing to amend the definition of "Emergency Remedial Work" and "Emergency Well Plugging" in Section 240.1600 to bring this rule into compliance with Section 19.1 of the Act.

6) Will these proposed amendments replace any emergency amendment currently in effect? Yes.

18 Ill. Reg. 10380 (July 1, 1994) - Section 240.860 and 240.861

7) Do these rulemakings contain an automatic repeal date? No.

8) Do these proposed amendments contain incorporation by reference? No.

9) Are there any other proposed amendment pending on this part? No.

10) Statement of Statewide Policy Objectives:
This rulemaking neither imposes a State mandate, nor modifies an existing mandate.

11) Time, Place and Manner in which interested persons may comment on these proposed rulemakings:
Written comments may be submitted on or before September 19, 1994 to:

John C. Henriksen, General Counsel
Illinois Department of Mines and Minerals
300 West Jefferson, Suit 300
Springfield, IL 62791-0137

Commenters must provide a name and address. Comments must be directed to a specific subsection and must be made on a separate sheet of 8 1/2 x 11 inch paper.

Comments may include data, views, arguments or any documents relevant to the proposals noted above in the Description of Subjects and Issues involved. All comments are due at the above address no later than 5:00 p.m. on September 19, 1994. Comments received thereafter will not be considered in this rulemaking.

The Department will hold a public hearing on the proposed rulemaking at

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10:30 a.m. on August 31, 1994 at the Ramada Inn, 222 Potomac Boulevard, Mt. Vernon, Illinois 62864. Representatives of small businesses are encouraged to comment above the impact of the proposed rulemaking at this public hearing.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses affected: All well operators employing less than fifty people and having less than four million dollars in annual sales.

B) Reporting, bookkeeping or other procedures required for compliance: Section 240.860 will require well operators to file a notice in the deed records of the county in which the pit is located on or before the date the pit is closed.

C) Types of professional skills necessary for compliance. Well operators seeking to utilize the existing pit exemption outlined in Section 240.861 will need to secure the services of a registered professional engineer.

The full text of the Proposed Amendments begins on the next page:

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TITLE 62: MINING
CHAPTER I: DEPARTMENT OF MINES AND MINERALS

PART 240
THE ILLINOIS OIL AND GAS
ACT

SUBPART A: GENERAL PROVISIONS

SUBPART B: PERMIT APPLICATION PROCEDURES FOR PRODUCTION WELLS

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SUBPART C: PERMIT APPLICATION PROCEDURES FOR CLASS II UIC WELLS

SUBPART D: SPACING OF WELLS

SUBPART E: WELL DRILLING,
COMPLETION AND WORKOVER REQUIREMENTS

SUBPART F: WELL CONSTRUCTION, OPERATING AND REPORTING
REQUIREMENTS FOR PRODUCTION WELLS
OPERATING REQUIREMENTS

SUBPART G: WELL CONSTRUCTION, OPERATING AND REPORTING REQUIREMENTS FOR CLASS II UIC WELLS

SUBPART H: LEASE OPERATING REQUIREMENTS

SUBPART I: LIQUID OIL FIELD WASTE AND SPILL RELATED WASTE HANDLING AND DISPOSAL

SUBPART J: VACUUM

SUBPART K: PLUGGING OF WELLS

SUBPART L: REQUIREMENTS FOR OTHER TYPES OF WELLS

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SUBPART M: PROTECTION OF WORKABLE COAL BEDS

SUBPART N: TRANSFER OF PERMIT

SUBPART O: BONDS

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SUBPART P: WELL PLUGGING AND RESTORATION PROGRAM

SUBPART Q: ANNUAL WELL FEES

SUBPART R: REQUIREMENTS IN UNDERGROUND GAS STORAGE FIELDS AND FOR GAS STORAGE AND OBSERVATION WELLS

SUBPART S: REQUIREMENTS FOR SERVICE WELLS

240.1960 Converting to Water Well

AUTHORITY: Implementing and authorized by Sections 6 and 8a of "The Illinois Oil and Gas Act" (Ill. Rev. Stat. 1991, ch. 96 1/2, pars. 5409 and 5413) [225 ILCS 725/6 and 8a].

SOURCE: Adopted November 7, 1951; emergency amendment at 6 Ill. Reg. 903, effective January 15, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 5542, effective April 19, 1982; codified at 8 Ill. Reg. 2475; amended at 11 Ill. Reg. 2818, effective January 27, 1987; amended at 14 Ill. Reg. 2317, effective January 25, 1990; recodified at 14 Ill. Reg. 3053; amended at 14 Ill. Reg. 13620, effective August 8, 1990; amended at 14 Ill. Reg. 20427, effective January 1, 1991; amended at 15 Ill. Reg. 2706, effective Jan. 31, 1991; recodified at 15 Ill. Reg. 8566; recodified at 15 Ill. Reg. 11641; emergency amendment at 15 Ill. Reg. 14679, effective September 30, 1991 for a maximum of 150 days; amended at 15 Ill. Reg. 15493, effective October 10, 1991; amended at 16 Ill. Reg. 2576, effective February 3, 1992; amended at 16 Ill. Reg. 15513, effective September 29, 1992; expedited correction at 16 Ill. Reg. 18859, effective September 29, 1992; emergency amendment at 17 Ill. Reg. 1195, effective January 12, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 2217, effective February 8, 1993; amended at 17 Ill. Reg. 14097, effective August 24, 1993; amended at 17 Ill. Reg. 19923, effective November 8, 1993; amended at 18 Ill. Reg. 8061, effective May 13, 1994; emergency amendment at 18 Ill. Reg. 10380, effective June 21, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 240.10 Definitions

"Annular or casing injection/disposal well"--means a well into which fluids are injected between the surface casing and the well bore, the surface casing and the production casing, and/or the production casing and the tubing, or a well into which fluids are injected which does not have production casing, tubing and packer.

"Cement"--means all petroleum industry cements meeting the requirements set forth in "Specifications for Oil Well Cements and Cement Additives", API Standard 10A, January, 1974, published by the American Petroleum Institute, 1220 L Street, Northwest, Washington, D.C. 20005 (this incorporation does not include any later publications or editions), except as provided in Subpart K of these rules.

"Class II UIC well"--means a well into which fluids are injected:

Which are brought to the surface in connection with natural gas storage operations, or conventional oil or natural gas production and may be commingled with wastewaters from gas plants which are an integral part of production operations unless those waters are classified as a hazardous waste at the time of injection;

For enhanced recovery of oil or natural gas; and

For storage of hydrocarbons which are liquid at standard temperature and pressure.

"Convert"--means to change an oil, gas, Class II UIC, water supply, observation or gas storage well to another of those types of wells, requiring the issuance of a new permit.

"Department"--*means the Department of Mines and Minerals of the State of Illinois.* (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5401) [225 ILCS 725/1]

"Directional Drilling"-- means the controlled directional drilling when the bottom of the well bore is directed away from the vertical position.

"Disposal Well"--means a Class II UIC well into which fluids brought to the surface in connection with oil or natural gas production are injected into a non-productive oil or gas zone for purposes other than enhanced oil recovery.

"District Office"--means the Department's office for the district in which the well is located.

"*Enhanced* Oil *Recovery*"--*means any* secondary or tertiary *recovery method used in an effort to recover hydrocarbons from a pool by injection of fluids, gases or other substances to maintain, restore or augment natural reservoir energy, or by introducing gases, chemicals, other substances or heat or by in-situ combustion, or by any combination thereof.* (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5401) [225 ILCS 725/1]

"Enhanced Oil Recovery Injection Well"--means a Class II UIC well used for enhanced oil recovery.

"Flowline"--means all injection, produced water and oil flow lines located within the boundaries of a lease or unit, or gathering lines between leases to a centralized storage area, or to the point where the lines connect with a primary transportation pipeline.

"Fresh Water"--means surface and subsurface water in its natural state useful for drinking water for human consumption, domestic livestock, irrigation, industrial, municipal and recreational purposes, and which will support aquatic life and contains less than 10,000 mg/liter total dissolved solids.

"General Oilfield Waste"--means paper, trash, ~~only~~ oily rags, chemical containers, oil filters and gaskets, used motor oil, hydraulic fluids, diesel fuels and other similar wastes generated during completion,

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production and plugging activities.

"Liquid Oilfield Waste"--means *oilfield brines*, produced waters, *tank and pit bottom sediments, and drilling and completion fluids, to the extent those wastes are now or hereafter exempt from the provisions of Subtitle C of the Federal Resource Conservation Recovery Act of 1976.* (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5414.1) [225 ILCS 725/8c]

"Liquid Oilfield Waste Hauler"--means a person holding a permit to operate a liquid oilfield waste transportation system.

"Orphan Well"--means a well for which: (1) No fee assessment under Section 19.7 of the Act has been paid or no other bond coverage has been provided for 2 consecutive years; (2) no oil or gas has been produced from the well or from the lease or unit on which the well is located for 2 consecutive years; and (3) no permittee or owner can be identified or located by the Department. Orphaned wells include wells that may have been drilled for purposes other than those for which a permit is required under the Act if the well is a conduit for oil or salt water intrusions into fresh water zones or onto the surface which may be caused by oil and gas operations. (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5401) [225 ILCS 725/1]

"Owner"--means *the person who has the right to drill into and produce from any pool, and to appropriate the production either for himself or for himself and another, or others, excluding the mineral owner's royalty if the right to drill and produce has been granted under an oil and gas lease.* [225 ILCS 725/1]

"Permit"--means the Department's written authorization allowing a well or test hole to be drilled, deepened, converted and/or operated.

"Permitee"--means the *person holding or required to hold the permit, and who is also responsible for paying assessments in accordance with Section 19.7 of* the Act and, where applicable, *executing and filing the bond associated with the well as principal. When the ownership of the right to drill for and produce oil or gas consists of fractional undivided working interests, the permit shall be issued to an owner designated under an operating or other similar agreement as having the full rights and responsibility for operating the well. In the absence of such agreement, the permit shall be issued to an owner designated by the majority in interest of the owners of the well.* [225 ILCS 725/1]

"Person"--means *any natural person, corporation, association, partnership, governmental agency or other legal entity, receiver, trustee, guardian, executor, administrator, fiduciary or representative of any kind.* [225 ILCS 725/1]

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"Pool"--means a natural underground reservoir containing, in whole or in part, a natural accumulation of oil or gas, or both. Each productive zone or stratum of a general structure, which is completely separated from any other zone or stratum in the structure, is deemed a separate "pool" as used herein. [225 ILCS 725/1]

"Produced Water"--means water regardless of chloride and total dissolved solids (TDS) content which is produced in conjunction with oil and/or natural gas production and natural gas storage operations.

"Production Casing"--means the string of casing placed in a well and used for the purpose of isolating the production or injection formation.

"Repressure"--means to increase the reservoir pressure by the introduction of gas, air or water or other fluid into the reservoir.

"Reservoir"--for the purpose of these rules, is interchangeable with the term pool.

"Rotary Drilling"--means the hydraulic process of drilling a well for oil or gas as such method is commonly used in the industry.

"Shooting"--means the exploding of nitroglycerin or other high explosives in a well for the purpose of increasing the production of oil or gas.

"Tank"--means a vessel into which oil or water is gathered, produced or stored.

"The Act"--means the provisions of the Illinois Oil and Gas Act (Ill. Rev. Stat. 1991, ch. 96 1/2, pars. 5401 et seq.) [225 ILCS 725].

"Undeveloped Limits of a Mine"--means that portion of a mine where the entries have not been driven to the boundaries of the mine property.

"Vacuum"--means pressure which is reduced below the pressure of the atmosphere.

"Well"--means any drill hole required to be permitted under subsection (2) of Section 6 or Section 12 of the Act.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 240.860 Pits

a) "Pit", as used in this Section, is a synthetic lined or unlined earthen surface impoundment, whether a man-made excavation or a diked

area, used for temporary storage of liquid oil field waste or produced water prior to disposal.

b) Construction of pits other than those specified in Subparts E and K of this Part is prohibited.

c) All ~~existing~~ pits in existence on May 13, 1994 shall be closed by July 1, 1995 as follows, unless ~~constructed~~ exempted in accordance with Section 240.861 of this Part:

1) All pits without synthetic liners shall be restored in accordance with subsection (d) below ~~within--nine--(9)--months--after--the effective-date-of-this-Section~~.

2) Unpermitted synthetic lined pits shall be restored in accordance with subsection (d) below ~~within-nine-(9)-months~~.

3) Pits with leaking or torn liners shall be restored in accordance with subsection (d) below ~~within-nine-(9)-months~~.

4) Permitted synthetic lined pits that are not torn or leaking shall be restored in accordance with subsection (d) below within five (5) years from the Department's pit permit date.

5) Synthetic lined pits permitted more than five (5) years ago shall be restored in accordance with subsection (d) ~~below--within--nine (9)-months-after-the-effective-date-of-this-Section~~.

d) Pits shall be restored as follows:

1) Produced water shall be disposed of in accordance with Section 240.930(b).

2) Crude oil bottom sediments shall be disposed of in accordance with Section 240.940(a).

3) The pit residue shall either be:

A) removed from the site and disposed of at an Illinois Environmental Protection Agency permitted non-hazardous special waste landfill, provided that the pit residue does not contain NORM with radioactivity levels exceeding background, or

B) consolidated from the sides to the bottom of the pit and covered in place with a clay or synthetic liner sufficient to impede the infiltration of surface water and ~~buried~~ placed at least five (5) feet below the ground surface. The pit shall be backfilled and, the pit residue covered with 5' of soil having a radioactivity level at or below background level with the upper most 18" consisting of clean soil not contaminated by oilfield brine or crude oil. The backfilled area shall be graded to promote runoff with no depressions that would accumulate or pond water on the surface. The stability of the backfilled pit shall be compatible with the adjacent land use. The surface area over the backfilled pit area shall be stabilized to prevent erosion.

C) For all pits closed under this Section, the permittee shall file a notice in the deed records of the county in which the pit is located on or before the date the pit is closed. The notice shall specify the location of the pit, generally identify the nature of the materials buried, and if known, specify the radioactivity level of the material buried. If the radioactivity is not known, the notice shall specify that the buried oil and gas waste may contain Naturally Occurring Radioactive Material (NORM).

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 240.861 Existing Pit Exemption

a) Any ~~existing~~ pit in existence on May 13, 1994, ~~on-the-effective-date of-this-rule,~~ does not have to be closed in accordance with Section 240.860(c) of this Part if presently constructed or will be reconstructed by July 1, 1995 as follows:

1) The pit must be lined with a synthetic flexible liner that is compatible with the produced fluid and has a coefficient of permeability of no greater than 1 x 10(-7) cm/sec and shall be at least 30 mils in thickness. Adjoining sections of liners must be sealed together in accordance with the manufacturer's specifications; and

2) The pit must be underlined by a gravel sub-base, at least 4" in thickness, in which slotted or perforated PVC pipe has been placed in order to provide for under pit drainage. This drainage system must be constructed to allow monitoring and sampling of fluid drainage from underneath the pit.

b) ~~All--existing--pits--covered--by--this--Section--shall-be-permitted-in accordance-with--Section--240.850(c)--of--this--Part--and--include--an engineering--diagram-of-the-construction-specifications-of-the-pit.~~All pits shall be permitted prior to reconstruction on a form prescribed by the Department which shall include the following:

1) A map drawn to scale showing the location of the pit relative to the lease boundaries, potable water wells and surface drainage located within 1/4 mile of the existing pit.

2) An engineering diagram of the construction specifications of the pit.

3) Soil types in the area of the pit.

4) Chemical analysis of produced water to be temporarily stored in the pit, showing TDS and chlorides.

5) A description fo the method for disposal of the produced water or liquid oilfield waste temporarily stored in the pit.

c) ~~All--existing-pits-covered-by-this-Section-shall-be-in-compliance-with Section-240.850(d)(1)-through-(5)-of-this-Part.~~All existing pits shall be in compliance with the following:

1) Surface water drainage shall be diverted away from the pit.

2) Pit contents shall not be discharged onto the surrounding land surface or into a stream or other body of water unless a permit has been obtained from the Illinois Environmental Protection Agency ("IEPA").

3) The pit permit number and the name of the permittee must be posted at the pit location in a legible and visible manner.

4) All pits shall be covered with bird netting or other systems designed to keep birds and flying mammals from landing in the pit.

d) All existing pits covered by this Section shall sample, quarterly, the fluid drainage from beneath the pit. The sample shall be analyzed for chlorides by an "independent testing" facility. The results of the analysis shall be maintained at the facility offices, for review upon request, by the Department.

e) If the fluid analysis indicates a leak is present, the Department shall be notified within five (5) days and the pit shall be drained and repaired.

f) ~~All existing pits covered by this Section shall be subject to inspection in accordance with Section 240.850(f) of this Part.~~ All existing pits covered by this Section shall be subject to inspection by a Department well inspector. If requested at the time of the inspection, the pit shall be emptied in order to examine the integrity of the structure. The Department may order any remedial work it deems necessary to ensure compliance with Department regulations.

g) Pit Abandonment and Restoration

1) Prior to liner removal and burial of the pit:

A) The free liquid fraction of the liquid oilfield waste shall be removed and disposed of in a Class II UIC well.

B) Crude oil bottom sediments shall be disposed of in accordance with Section 240.940(a) of this Part.

C) Pit residue shall be removed from the site and disposed of at an IEPA permitted non-hazardous special waste landfill.

2) The liner must be completely removed from the site. The surface area shall be leveled and pit filled in such manner as to prevent the ponding of water and erosion and allow the site to be returned to original use with no subsidence or leakage of fluids, and where applicable, with sufficient compaction to support farm machinery.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

SUBPART P: WELL PLUGGING AND RESTORATION PROGRAM

Section 240.1600 Definitions

The following definitions are applicable to this Subpart:

"Abandoned Well" means:

A well:

for which the underlying lease has been released in writing by the lessee or has been declared forfeited or invalid by a court order, such order is final and the appeal period has

lapsed; and

the lessor states in writing that the lessor has not leased out the oil and gas working interest to any other person and does not intend to so lease, that the lessor does not intend to operate the well, and that the lessor desires that the well be plugged; or

A well owned by a permittee who has made no payment by November 1 of a current annual well fee assessment; or

A well that has not produced for over two (2) years and has failed to comply with temporary abandonment requirements in accordance with Section 240.~~1330~~1130 of this Part.

"Emergency Project" means an emergency well plugging or emergency remedial work PRF Project.

"Emergency Remedial Work" means remedial work to repair or contain leaks from production equipment, pits, or other containment structures of oil or saltwater that are contaminating surface waters ground waters or are flowing in sufficient quantity to create an increasing area of contamination on the surface of the land.

"Emergency Well Plugging" means a well or wells that are actively flowing oil or saltwater and are contaminating surface waters ground waters or flowing in sufficient quantity to create an increasing area of contamination on the surface of the land, or a well leaking natural gas or hydrogen sulfide gas in sufficient quantity to endanger public safety or create a fire hazard.

"Orphaned Well" means a well for which no permittee exists or can be located, no bond exists and no fees have been paid in accordance with Section ~~19.8~~ 19.7 of the Illinois Oil and Gas Act.

"PRF" means the Department's Plugging and Restoration Fund, established under Section 6 of the Illinois Oil and Gas Act.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 240.1620 Plugging Orphan Wells

a) If upon review of Department records a determination is made that no permittee can be located, the well is not located on a valid lease, no bond exists and no fees have been paid in accordance with Section 19.7 of the Act, the well shall be deemed an orphan well.

b) The Department may elect to plug, replug, repair, or restore the well site of any orphan well.

c) If the Department determines that any condition or practice exists which creates an imminent danger to the health or safety of the public, ~~an imminent danger to the health or safety of the public;~~ or

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an imminent danger of significant environmental harm or significant damage to property, the Department or its agent may immediately take any action necessary to temporarily correct the source of oil or salt water intrusion into fresh water zones or onto the surface.

d) The cost of all work completed under this Section shall be paid from the Plugging and Restoration Fund.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 240.1810 Submission of Underground Gas Storage Field Map

Each Gas Storage Operator shall submit to the Department annually a map showing:

a) The lowest closing contour at which natural gas can be stored,

b) The area of land which is currently under a valid lease or storage rights agreement, and

c) Any protective boundaries established by a governmental agency, and.

d) Upon written request to the Department, the above information is considered proprietary information and shall be held confidential.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Intermediate Care for the Developmentally Disabled Facilities Code

2) Code Citation: 77 Ill. Adm. Code 350

3)

Section Numbers:	Proposed Action:
350.200	Amendments
350.270	Amendments
350.330	Amendments
350.630	Amendments
350.1060	Amendments
350.1080	New Section
350.1084	New Section
350.1086	New Section
350.1220	Amendments
350.1420	Amendments
350.3750	Amendments
350.3760	Amendments
350.Appendix E	New Section

4) Statutory Authority: Nursing Home Care Act
Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 4151-101 et seq. [210 ILCS 45]

5) A Complete Description of the Subjects and Issues Involved:

Section 350.200 ("Inspections, Surveys, Evaluations and Consultation") is being amended in response to Public Act 88-278 (House Bill 1488) - effective August 10, 1993. P.A. 88-278 amended the Nursing Home Care Act to state that the Department is not required to determine whether a certified facility that has been determined by inspection to be in compliance with federal certification requirements is in compliance with requirements under the Nursing Home Care Act that are less stringent than or duplicate federal requirements. In effect, the change in the law allows the Department to do one survey for certification and convert the certification findings into licensure enforcement remedies. The changes to Section 300.200 will implement this procedure, which will more effectively use staff time and decrease paperwork.

Section 350.270 ("Monitor and Receivership") is being amended to allow licensed nurses and nursing home administrators who do not have baccaleurate degrees to be used as monitors and receivers. The Department does not believe that a degree should be required if such persons are otherwise qualified to serve as monitors or receivers.

Changes to Section 350.330 ("Definitions") include:
the addition of definitions for the terms Child Care Habilitation Aide; Chemical Restraint; Convenience; Direct Care Aide; Discipline; Facility, Long-Term Care, for Residents Under 22 Years of Age; Facility, Sheltered Care; and Physical Restraint; the deletion of

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definitions for the terms Community Living Facility; Developmentally Disabled; Equivalent of a Graduate Licensed Practical Nurse; Facility, Community Living; House Manager; Program Coordinator; and Safety Device; the amendment of definitions for the terms Cruelty and Indifference to Welfare of the Resident; Developmental Disability; Dietetic Service Supervisor; Facility, Intermediate Care for the Developmentally Disabled; Interdisciplinary Team; Personal Care; Restraint of a Resident; Social Worker, Qualified; Substantial; Substantial failure; and Unit.

Some of these changes are in response to P.A. 88-413 (effective August 20, 1993). Other changes are being made to achieve consistency among the four sets of rules implementing the Nursing Home Care Act.

Section 350.630 ("Admission and Discharge Policies") is being amended to delete subsection (d), which states: "No resident shall be admitted to, or kept in, the facility who is dangerous to himself or others."

Section 350.1060 ("Training and Habilitation Services") is being amended to add a new subsection (e), which states: "An appropriate, effective and individualized program that manages residents' behavior shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs."

Section 350.1080 ("Restraints") is being added in response to P.A. 88-413, which extensively amended the Nursing Home Care Act in regard to the use of physical and chemical restraints and drug treatment. The Act requires the Department, by rule, to designate certain devices as restraints and to adopt the standards for unnecessary drugs contained in the federal Interpretive Guidelines. Section 350.1080 sets forth requirements for the use of restraints. The facility is required to have policies controlling the use of restraints; prohibits the use of restraints with locks; states that physical restraints shall not be used on a resident for the purposes of discipline or convenience.

Section 350.1082 is being added to set forth requirements for the nonemergency use of restraints. These include provisions for the use of physical restraints; consent of the resident, the resident's guardian, or other authorized representative; authorization of the use of restraints for a specific period of time; application of restraints by trained staff; care planning for progressive removal of restraints or progressive use of less restrictive means; periodic release of restraints and provision of care; and prohibition of the use of any form of seclusion.

Section 350.1084 is added to address the emergency use of restraints. The rule defines "emergency care"; sets forth requirements for documentation of the emergency use of a restraint in the resident record; includes procedures for physician's orders and care of the resident; references to other provisions of the rules that must be followed in emergency use of

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restraints.

Section 350.1086 is a new Section entitled "Unnecessary, Psychotropic and Antipsychotic Drugs." The rule sets forth the circumstances in which the use of a drug would be "unnecessary"; defines the terms "duplicative drug therapy," "psychotropic medication," and "antipsychotic drug"; and includes provisions for informed consent, documentation, and dose reductions and behavior interventions.

Section 350.1220 ("Physician Services")is being amended to delete requirements concerning the use of seclusion and restraints that are no longer needed with the addition of Section 350.1082. In addition, two parenthetical provisions that are not rules are being deleted.

Section 350.1420 ("Conformance with Physician's Orders") is being amended to add a reference to Section 350.Appendix E and to delete reference to Medicare/Medicaid requirements.

Section 350.3750 ("Consultation Services and Nursing Services") is being amended to revise the admission requirements for ICF/DD 16 or fewer bed facilities in regard to the provision of nursing care. The reference to "registered" nurse is changed to "licensed" nurse, and the "care of minor illnesses, injuries or emergencies" is deleted from the consultant nurse's durties.

Section 350.3760 ("Medication Policies") is being amended to change the requirements regarding residents' self-administration of medications. The facility will be required to provide training and supervision necessary for identified residents to gain independence in self-administration of their medications, as approved in writing by the resident's personal physician, and documentation in the resident's individual plan.

Section 350.Appendix E is added to include, as required by P.A. 88-413, the standards for unnecessary drugs contained in the interpretive guidelines issued by the U.S. Department of Health and Human Service for the purpose of administering Titles 18 and 19 of the Social Security Act.

The economic effect of this proposed rulemaking is unkonw. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after the publication of the notice in Illinois Register.

6) Will these proposed amendments replace emergency amendments currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

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8) Do these proposed amendments contain incorporations by reference? Yes.

9) Are there any other proposed amendment pending on this Part? Yes.

Section Numbers	Proposed Action	Illinois Register Citation
350.640	Amendments	18 Ill. Reg. 4904
300.3260	Amendments	18 Ill. Reg. 4904

10) Statement of Statewide Policy Objectives:
This rulemaking does not create or expand a State Mandate.

11) Time, Place and Manner in which interested persons may comment on these proposed rulemaking:
Interested persons may present their comments concerning these rules by writing to Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 within 45 days after the issue of the Illinois Register.

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Business, Small Municipalities and Not-for-Profit Corporations Affected:

Intermediate care facilities for the developmentally disabled

B) Reporting, Bookkeeping or Other Procedures Required for Compliance:

None

C) Types of Professional Skills Necessary for Compliance:

Professional skills necessary to comply with existing requirements in this Part

The full text of the Proposed Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 350
INTERMEDIATE CARE FOR THE DEVELOPMENTALLY DISABLED FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

SUBPART B: ADMINISTRATION

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AUTHORITY: Implementing and authorized by the Nursing Home Care Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 4151-101 et seq.) [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 495, effective March 1, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 30, p. 1, effective July 28, 1980; amended at 5 Ill. Reg. 1657, effective February 4, 1981; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6453, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14544, effective November 8, 1982; amended at 6 Ill. Reg. 14675, effective November 15, 1982; amended at 6 Ill. Reg. 15556, effective December 15, 1982; amended at 7 Ill. Reg. 278, effective December 22, 1982; amended at 7 Ill. Reg. 1919 and 1945, effective January 28, 1983; amended at 7 Ill. Reg. 7963, effective July 1, 1983; amended at 7 Ill. Reg. 15817, effective November 15, 1983; amended at 7 Ill. Reg. 16984, effective December 14, 1983; amended at 8 Ill. Reg. 15574 and 15578 and 15581, effective August 15, 1984; amended at 8 Ill. Reg. 15935, effective August 17, 1984; amended at 8

Ill. Reg. 16980, effective September 5, 1984; codified at 8 Ill. Reg. 19806; amended at 8 Ill. Reg. 24214, effective November 29, 1984; amended at 8 Ill. Reg. 24680, effective December 7, 1984; amended at 9 Ill. Reg. 142, effective December 26, 1984; amended at 9 Ill. Reg. 331, effective December 28, 1984; amended at 9 Ill. Reg. 2964, effective February 25, 1985; amended at 9 Ill. Reg. 10876, effective July 1, 1985; amended at 11 Ill. Reg. 14795, effective October 1, 1987; amended at 11 Ill. Reg. 16830, effective October 1, 1987; amended at 12 Ill. Reg. 979, effective December 24, 1987; amended at 12 Ill. Reg. 16838, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6040, effective April 17, 1989; amended at 13 Ill. Reg. 19451, effective December 1, 1989; amended at 14 Ill. Reg. 14876, effective October 1, 1990; amended at 15 Ill. Reg. 466, effective January 1, 1991; amended at 16 Ill. Reg. 594, effective January 1, 1992; amended at 16 Ill. Reg. 13910, effective September 1, 1992; amended at 17 Ill. Reg. 2351, effective February 10, 1993; emergency amendment at 17 Ill. Reg. 2373, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 7948, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; emergency amendment at 17 Ill. Reg. 9105, effective June 7, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 15056, effective September 3, 1993; amended at 17 Ill. Reg. 16153, effective January 1, 1994; amended at 17 Ill. Reg. 19210, effective October 26, 1993; amended at 17 Ill. Reg. 19517, effective November 4, 1993; amended at 17 Ill. Reg. 21017, effective November 20, 1993; amended at 18 Ill. Reg. 1432, effective January 14, 1994; amended at 18 Ill. Reg. _____, effective _____.

Section 350.200 Inspections, Surveys, Evaluations and Consultation

a) The terms survey, inspection and evaluation are synonymous. These terms refer to the overall examination of compliance with the Act and this Part. All facilities to which this Part applies shall be subject to and shall be deemed to have given consent to annual inspections, surveys or evaluations by properly identified personnel of the Department, or by such other properly identified persons, including local health department staff, as the Department may designate. *An inspection, survey or evaluation, other than an inspection of financial records, ~~shall be unannounced~~ shall be conducted without prior notice to the facility. A visit for the sole purpose of ~~Consultations~~ consultation may be announced.* The licensee, or person representing the licensee in the facility, shall provide to the representative of the Department access and entry to the premises or facility for obtaining information required to carry out this Act and ~~the rules promulgated under the Act~~ this Part. ~~*In addition, representative of the Department*~~ In addition, representatives of the Department *shall have access to and may reproduce or photocopy at ~~the Department's~~ its cost any books, records, and other documents maintained by the facility, ~~the licensee or their representatives~~* the licensee or their representatives *to the extent necessary to carry out*

the Act ~~and this Part~~ and this Part. A facility may charge the Department for such photocopying at a rate determined by the facility not to exceed the rate in the Department's Freedom of Information rules (2 Ill. Adm. Code 1126). (Sections 3-212 and 2-213 of the Act)

b) ~~Before making~~ In determining whether to make more than the required number of unannounced inspections, surveys and evaluations of a facility, the Department shall ~~have taken into account~~ consider one or more of the following ~~criteria~~:

1) Previous inspection reports;

2) The facility's history of compliance with ~~the Act~~ the Act and this Part:

A) ~~Prior~~ Correction of violations;

B) ~~Prior~~ Penalties or other enforcement actions;

~~C) Number and severity of prior complaints;~~

3) The Number and severity of ~~current~~ complaints received about the facility;

4) Any Allegations of resident abuse or neglect;

5) ~~Compliance with disaster preparedness provisions under the Act~~ weather conditions;

6) Health emergencies;

~~6)~~7) Other reasonable belief that deficiencies ~~regarding the Act~~ exist; ~~and~~ and

~~7)~~8) requirements pursuant to the "1864 Agreement" (42 U.S.C.A. 1395aa) between the Department and U.S. Health and Human Services (HHS) (e.g. annual and follow-up certification inspections, life safety code inspections and any inspections requested by the Secretary of HHS). (Section 3-212(b) of the Act)

c) The Department shall not be required to determine whether a facility certified to participate in the Medicare program under Title XVIII of the Social Security Act, or the Medicaid Program under XIX of the Social Security Act, and which the Department determines by inspection to be in compliance with the certification requirements of Title XVIII or XIX, is in compliance with any requirement of the Act that is less stringent than or duplicates a federal certification requirement. (Section 3-212(b-1) of the Act, as added by P.A. 88-413, effective August 20, 1993)

d) The Department shall, in accordance with Section 3-212(a) of the Act, determine whether a certified facility is in compliance with requirements of the Act that exceed federal certification requirements (Section 3-212 (b-1) of the Act, as added by P.A. 88-413, effective August 20, 1993).

e) If a certified facility is found to be out of compliance with federal certification requirements, the results of the inspection conducted pursuant to Title XVIII or XIX of the Social Security Act (Section 3-212(b-1) of the Act, as added by P.A. 88-413, effective August 20, 1993) shall be reviewed to determine which, if any, of the results shall be considered licensure findings, as follows:

1) The result identifies potential violations of the Nursing Home Care Act and this Part; and

2) The result, based on available information, would likely represent a Type A or Type B violation if tested against the factors described in Sections 300.272 and 300.274.

f) All results of an inspection conducted pursuant to Title XVIII or XIX of the Social Security Act that the Department considers licensure findings shall be provided to the facility at the time of exit or by mail in accordance with subsection (g) of this Section.

~~e)~~g) ~~Upon the completion of each inspection, survey and evaluation, the representative of the Department who conducted the inspection, survey or evaluation shall submit a copy of their report to the licensee or their representative, upon exiting the facility.~~ Upon the completion of each inspection, survey and evaluation, the appropriate Department personnel who conducted the inspection, survey or evaluation shall submit a copy of their report to the licensee or their representative upon exiting the facility or upon considering results of an inspection conducted pursuant to Title XVIII or XIX or the Social Security Act as licensure findings. A copy of the information gathered during a complaint investigation will not be provided upon exiting the facility. Comments or documentation provided by the licensee which may refute findings in the report, which explain extenuating circumstances that the facility could not reasonably have prevented, or which indicate methods and timetables for correction of deficiencies described in the report shall be provided to the Department within ten days of receipt of the copy of the report. (Section 3-212(c) of the Act)

~~d)~~h) Consultation consists of providing advice or suggestions to the staff of a facility at their request relative to specific matters of the scope of regulation, methods of compliance with the Act or this Part or general matter of patient care.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 350.270 Monitor and Receivership

a) The Department may place an employee or agent to serve as a monitor in a facility when any of the following conditions exist:

1) The facility is operating without a license;

2) The Department has suspended, revoked or refused to renew the existing license of the facility;

3) The facility is closing or has informed the Department that it intends to close and adequate arrangements for relocation of residents have not been made at least 30 days prior to closure;

4) The Department determines that an emergency exists, whether or not it has initiated revocation or nonrenewal procedures, if because of the unwillingness or inability of the licensee to remedy the emergency the Department believes a monitor is necessary; as used in this subsection, "emergency" means a threat to the health, safety or welfare of a resident that the facility

is unwilling or unable to correct; or

5) The Department receives notification that *the facility is terminated or will not be renewed for participation in the federal reimbursement program under either Title XVIII (Medicaid) or Title XIX (Medicare) of the Social Security Act.* (Section 3-501 of the Act)

b) The monitor shall meet the following minimum requirements:

1) be in good physical health as evidenced by a physical examination by a physician within the last year;

2) have an understanding of the needs of ~~nursing-home~~ long-term care facility residents as evidenced by one year of experience in working with ~~the~~ elderly or developmentally disabled individuals in programs such as patient care, social work or advocacy;

3) have an understanding of the Act and this Part which are the subject of the monitors duties as evidenced in a personal interview of the candidate;

4) not be related to the owners of the involved facility either through blood, marriage or common ownership of real or personal property except ownership of stock that is traded on a stock exchange;

5) have successfully completed a baccalaureate degree, or possess a nursing license or a nursing home administrator's license; and

6) have two years full-time work experience in the long-term care industry of the State of Illinois.

c) The monitor shall be under the supervision of the Department; shall perform the duties of a monitor delineated in Section 3-502 of the Act; and shall accomplish the following actions:

1) visit the facility ~~at-least-five-days-per-week-or~~ as directed by the Department;

2) review all records pertinent to the condition for such monitor's placement under subsection (a) of this Section;

3) provide to the Department ~~a-weekly~~ written ~~report~~ and ~~a--daily~~ oral report detailing the observed conditions of the facility; and

4) be available as a witness for hearings involving the condition for placement as monitor.

d) All communications, including but not limited to data, memoranda, correspondence, records and reports shall be transmitted to and become the property of the Department. In addition, findings and results of the monitor's work done under this Part shall be strictly confidential and not subject to disclosure without written authorization from the Department, or by court order subject to disclosure only in accordance with the provisions of the Freedom of Information Act, subject to the confidentiality requirements of the Act.

e) The assignment as monitor may be terminated at any time by the Department.

f) Through consultation with the long-term care industry associations, professional organizations, consumer groups and health-care management corporations, the Department shall maintain a list of receivers.

Preference on the list shall be given to individuals possessing a valid Illinois Nursing Home Administrator's License, experience in financial and operations management of a long-term care facility and individuals with access to consultative experts with the aforementioned experience. To be placed on the list, individuals must meet the following minimum requirements:

1) be in good physical health as evidenced by a physical examination by a physician within the last year;

2) have an understanding of the needs of ~~nursing-home~~ long-term care facility residents and the delivery of the highest possible quality of care as evidenced by one year of experience in working with ~~the~~ elderly or developmentally disabled individuals in programs such as patient care, social work or advocacy;

3) have an understanding and working knowledge of the Act and this Part as evidenced in a personal interview of the candidate;

4) have successfully completed a baccalaureate degree, or possess a nusing license or a nursing home administrator's license; and

5) have two years full-time working experience in the Illinois long-term care industry.

g) Upon appointment of a receiver for a facility by a court, the Department shall inform the individual of all legal proceedings to date which concern the facility.

h) The receiver may request that the Director of the Department authorize expenditures from monies appropriated, pursuant to Section 3-511 of the Act, if incoming payments from the operation of the facility are less than the costs incurred by the receiver.

i) In the case of Department ordered patient transfers, the receiver may:

1) assist in providing for the orderly transfer of all residents in the facility to order suitable facilities, or make other provisions for their continued health;

2) assist in providing for transportation of the resident, his medical records and his belongings if he is transferred or discharged; assist in locating alternative placement; assist in preparing the resident for transfer; and permit the resident's legal guardian to participate in the selection of the resident's new location;

3) unless emergency transfer is necessary, explain alternative placements to the resident and provide orientation to the place chosen by the resident or resident's guardian.

j) *In any action or special proceeding brought against a receiver in the receiver's official capacity for acts committed while carrying out* the aforesaid *powers and duties, the receiver shall be considered a public employee under the Local Governmental and Governmental Employees Tort Immunity Act* (Ill. Rev. Stat. 1991, ch. 85, par. 1-101 et seq.) [745 ILCS 10]. *A receiver may be held liable in a personal capacity only for the receiver's own gross negligence, intentional acts or breach of fiduciary duty.* (Section 3-513 of the Act)

(Source: Amended at 18 Ill. Reg. _____, effective

_____)

Section 350.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act (Ill. Rev. Stat. 1991, ch. 111 1/2, ~~par.~~ pars. 4151-101 et seq.) [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - ~~A~~ a notice to a facility issued by the Department under Section 350.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area ~~of~~ or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section

1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

Autism - ~~A~~ a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in this Part, means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by

the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - ~~a-charge-nurse-is~~ a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical Restraint - is any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms.* (Section 2-106 of the Act, as amended by P.A. 88-413, effective August 20, 1993)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under 22 Years of Age, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

~~Community-living-Facility---see-Facility,-Community-living.~~

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - any action taken by the facility to control resident behavior or maintain residents with a lesser amount of effort by the facility and not in the resident's best interest.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse. ~~Examples-of-physical-abuse are--restraining--a--resident,---striking,---slapping,---hitting,---or withholding--food--as--punishment.----Examples--of--mental--abuse--are swearing,-threatening-and-seclusion.~~

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Dentist - any person licensed by the State of Illinois to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 2301 et seq.) [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

~~Developmentally--Disabled-----those--individuals--whose--disability-is attributable-to-mental-retardation,-cerebral-palsy,-epilepsy,--autism, or-other-pathological-conditions-which-generally-originate-before-such individuals--attain--age-18,-and-which-continue,-or-can-be-expected-to continue,-indefinitely,-and-which-constitute-a-substantial-functioning handicap-to-such-individuals.~~

Developmental Disabilities (DD) Aide - any person who provides nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to DD aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

~~Developmental-Disability---a-severe,-chronic-disability--of--a--person which:~~

~~is-attributable-to-a-mental-or-physical-impairment-or-combination of--mental--and--physical-impairment-or-combination-of-mental-and physical-impairments;~~

~~is-manifest-before-age-22;~~

~~is-likely-to-continue-indefinitely;~~

~~results-in-substantial-functional-limitations-in-three-or-more-of the-following-areas-of-major-life-activities:~~

~~self-care;~~

~~receptive-and-expressive-language;~~

~~learning;~~

~~mobility;~~

~~self-direction;~~

~~capacity-for-independent-living;-and~~

~~economic-self-sufficiency;-and~~

~~reflects-the-person's-needs-for-a--combination--and--sequence--of special,--interdisciplinary,-or-generic-care,-treatment,-or-other services--which--are--of--life-long--or--extended--duration---and individually-planned-and-coordinated.~~

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebal palsy, epilepsy, autism;

if manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

self-care,

receptive and expressive language,

learning,

mobility,

self-direction,

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801 of the Act)

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate, prior to July 1, 1990, of a Department-approved course that ~~provides~~ provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the ~~program~~ programs in ~~paragraph~~ paragraphs (2), ~~or~~ (3) or (4) of this definition.

Dietitian - a person who:

is eligible for registration by the American Dietetic Association; or

has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Care Aide - any person who provides nursing care, personal care or psychosocial support to residents of specialized living facilities, regardless of title, and who is not a Qualified Professional, as

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defined in this Part. Direct Care Aides must function under the supervision of a licensed nurse when performing nursing or personal care duties.

Direct Supervision - ~~means that~~ work ~~is~~ performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or his designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

~~Equivalent--of--a--Graduate--Licensed--Practical--Nurse-----a-licensed practical-nurse,--licensed--by--waiver--who--successfully--passes--the proficiency--examination-approved-by-the-U.S.-Department-of-Health-and Human-Services-shall--be--considered--the--equivalent--of--a--licensed practical--nurse--who-is-a-graduate-of-an-approved-school-of-practical nursing-for-the-purposes-of-this-Part.~~

Existing Long-Term Care Facility - any facility initially licensed as

a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

~~Facility,--Community-Living---a-place-of-residence-as-limited-in-these standards-for-between-five-and-80-ambulatory-adults-who-are-mildly--or moderately--mentally-retarded-with-a-potential-for-being-absorbed-into the-mainstream-of-community-life.~~

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled. ~~Facilities--with--any--number-less-than-50 percent-of-developmentally-disabled-residents,-who-are--determined--by the--Department--with--consultation-from-the-Division-of-Developmental Disabilities,-Illinois-Department-of-Mental-Health--and--Developmental Disabilities--to--need-organized-social-support-and-training-programs, must-comply-with-the-program-requirements-in-this-Part.~~

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code (Ill. Rev. Stat. 1991, ch. 34, pars. 5-21001 et seq. and 5-22001 et seq.) [55 ILCS 5], *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 U.S.C.A. 1395 et seq. and 1936 et seq.). A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois;

A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized

facilities therefor, which is required to be licensed under the Hospital Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, ~~par.~~ pars. 142 et seq.) [210 ILCS 85];
Any "facility for child care" as defined in the Child Care Act of 1969 (Ill. Rev. Stat. 1991, ch. 23, ~~par.~~ pars. 2211 et seq.) [225 ILCS 10];
Any "community living facility" as defined in the Community Living Facilities Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, ~~par.~~ pars. 4181 et seq.) [210 ILCS 35];
Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act (Ill. Rev. Stat. 1991, ch. 91 1/2, ~~par.~~ pars. 621 et seq.) [210 ILCS 140];
Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;
Any facility licensed by the Department of Mental Health and Developmental Disabilities as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangement Licensure and Certification Act (Ill. Rev. Stat. 1991, ch. 91 1/2, ~~par.~~ pars. 1701 et seq.) [210 ILCS 135]; or
Any supportive residence licensed under the Supportive Residences Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 9001 et seq.) [210 ILCS 65]. (Section 1-113 of the Act)

Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in these standards is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance, and person care and oversight.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and

utilities for at least a two-month period of time.

Full time - means on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 (Ill. Rev. Stat. 1991, ch. 110 1/2, ~~par.~~ pars. 1-1 et seq.) [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986 (Ill. Rev. Stat. 1991, ch. 32, ~~par.~~ pars. 101.01 et seq.) [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code (Ill. Rev. Stat. 1991, ch. 34, ~~par.~~ pars. 5-22001 et seq.) [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes; and which provides maintenance, personal care, nursing or sheltered care to three or more residents, 90 percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

~~House-Manager---a-qualified-person-on-duty-40-hours--a--week--managing the--Community--living--Facility-and-responsible-for-its-operation-and its-inhabitants.~~

Individual Educational Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Educational Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in this Part means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1985 Edition).

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for The Developmentally Disabled (ICF/DDs) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and care givers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate of identifying the resident's strenghts and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1991, ch. 111, pars. 3651 et seq.) [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive

behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a ~~devices~~ device such as a walker ~~walkers~~, crutches, a wheelchair ~~wheelchairs~~, or a wheeled ~~platforms~~ platform.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive ~~devices~~ device such as a walker ~~walkers~~, ~~crutches~~ crutch, a wheelchair ~~wheelchairs~~, or a wheeled ~~platforms~~ platform.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act)

Neglect means:

The failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. This ~~shall~~ include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of

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the alleged failure; or
the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 3501 et seq.) [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - ~~Any~~ any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no more than 75 beds, none of which are more than 120 feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered with the Department of Professional Regulation as an occupational therapist under the Illinois Occupational Therapy Practice Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 3701 et seq.) [225 ILCS 75].

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Occupational Therapy Assistant - a person who is registered with the Department of Professional Regulation as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate ~~action~~ reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing, or other personal needs, or maintenance or general supervision and oversight of the physical and mental well-being of an individual, ~~exclusive of nursing, who, because of age, physical or mental disability, emotional or behavior disorder, or mental retardation~~ is incapable of maintaining a private, independent residence, or who is incapable of managing his person whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act

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of 1987 (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 4121 et seq.) [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act, as amended by P.A. 88-413, effective August 20, 1993)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered with the Department of Professional Regulation as a physical therapist under the Illinois Physical Therapy Act (Ill. Rev. Stat. 1991, ch. 111, pars. 4251 et seq.) [225 ILCS 90].

Physician - any person licensed by the State of Illinois to practice medicine in all its branches as provided in the Medical Practice Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 4400-1 et seq.) [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

~~Program--Coordinator---a-qualified-person-directly-responsible-for-the overall-program,--operation--and--management--of--a--Community--Living Facility.~~

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed by the Illinois Department of Professional Regulation to practice clinical psychology under the Clinical Psychologist Licensing Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 5351 et seq.) [225 ILCS 15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a

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recreational speciality area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered or certified by the State of Illinois, if required.

Reasonable visiting hours - any time between the hours of 10 a.m. and 8 p.m. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid Illinois license from the Illinois Department of Professional Regulation to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in

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writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Restraint of a Resident - the ~~application of a device to limit movements.~~ use of a physical or chemical restraint.

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

~~Safety Device - any equipment or protective device used on a bed, chair, or resident which prevents him from falling or otherwise injuring himself. Examples are: bedside rails, geriatric or adaptive chairs, a wide band, vest or sheet applied to prevent falling out of a bed or chair, and hand socks applied to prevent injuring one's self.~~

Sanitization - the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room which the resident cannot open.

Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker, Qualified - a person who:

is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 6351 et seq.) [225 ILCS 20]; ~~and.~~

~~is a graduate of a school of social work which has been approved by the Council on Social Work Education (some schools are approved for Bachelor's Degree programs and others for Master's Degree programs); and~~

~~has one year of social work experience in a health care setting.~~

State Fire Marshal - the Fire Marshal of the Office of the State Fire

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Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Story - when used in this Part means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution, or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Compliance - meeting requirements except for variance from the strict and literal performance which result in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in ~~Section 350.280(g)(8), 350.280(k)(2) and 350.280(k)(4)~~ Sections 350.140(a)(3) and 350.150(a)(3).

Substantial ~~failure~~ Failure - the failure to meet requirements other than a variance from the strict and literal performance, which ~~result~~ results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in ~~Sections~~ Section ~~350.100(b)(1) and 350.260(f)~~ 350.165(b)(1).

Sufficient - same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in this Part, the supervisor must be on the premises

if the person does not meet assistant level (two-year training program) qualifications specified in these definitions.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Unit - an entire physically identifiable residence area~~, in Community living Facilities consisting of not less than five nor more than 20 beds, and~~ having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 350.630 Admission and Discharge Policies

a) Residents shall only be admitted who have had a comprehensive evaluation covering physical, emotional, social and cognitive factors, conducted by an appropriately constituted~~,~~ interdisciplinary team. ~~(B)~~

b) No resident determined by professional evaluation to be in need of skilled level of nursing care shall be admitted to, or kept in, an Intermediate Care Facility, or Intermediate Care Facility for the Developmentally Disabled, or any distinct part of the facility designated and classified for intermediate care for the developmentally disabled. ~~(B)~~

c) Each facility shall have a policy concerning the admission of persons needing prenatal or maternity care, and a policy concerning the keeping of such persons who become pregnant while they are residents of the facility. If these policies permit such persons to be admitted to, or kept in the facility, then the facility shall have a policy concerning the provision of adequate and appropriate prenatal and maternity care to such individuals from in-house or outside resources.

~~d) No resident shall be admitted to, or kept in, the facility who is dangerous to himself, or others. (B)~~

d)~~e)~~ A facility for infants and children under 18 years of age shall be used exclusively for children. Persons under 18 years of age may not be cared for in a facility for adults without prior approval from the Department. Such approval will be granted only when it is the best possible placement for the person under the particular set of circumstances.

e)~~f)~~ A facility shall not refuse to discharge or transfer a resident when requested to do so by the resident himself or, if incompetent, by the resident's guardian.

f)~~g)~~ If a resident insists on and is discharged against the advice of a physician or a Qualified Mental Retardation Professional, the facts involved in the situation shall be fully documented in the resident's clinical record.

g)~~h)~~ No resident shall be discharged without the concurrence of the attending physician. All involuntary discharges and transfers shall be in accordance with Sections 3-401 through 3-423 of the Act.

h)~~i)~~ No resident shall be admitted with a communicable, contagious or infectious disease ~~as~~ except as set forth in Section 350.1220(j) through (k). ~~(A, B)~~

i)~~j)~~ A facility shall not admit more residents than the number authorized by the license issued to it. ~~(B)~~

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 350.1060 Training and Habilitation Services

a) The facility shall provide training and habilitation services to

facilitate the intellectual, sensorimotor, and effective development of each resident in the facility. ~~(B)~~

b) Each resident shall have individual evaluations which shall:
   1) Be based upon the use of empirically reliable and valid instruments whenever such tools are available.
   2) Provide the basis for prescribing an appropriate program of training experiences for the resident.

c) There shall be written training and habilitation objectives for each resident that are:
   1) Based upon complete and relevant diagnostic and prognostic data.
   2) Stated in specific behavioral terms that permit the progress of the individual to be assessed.

d) There shall be evidence of training and habilitation services activities designed to meet the training and habilitation objectives set for every resident. ~~(B)~~

e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs.

f)~~e)~~ There shall be a functional training and habilitation record for each resident, maintained by and available to the training and habilitation staff.

g)~~f)~~ Appropriate training and habilitation ~~program~~ programs shall be provided residents with hearing, vision, perceptual, or motor impairments, in cooperation with appropriate staff.

h)~~g)~~ There shall be available sufficient, appropriately qualified training and habilitation personnel, and necessary supporting staff, to carry out the training and habilitation program. Supervision of delivery of training and habilitation services shall be the responsibility of a person who is a Qualified Mental Retardation Professional. ~~(B)~~

i)~~h)~~ Where appropriate, providers should cooperate with the Department of Mental Health and Developmental Disabilities and community agencies in assisting individual residents to avail themselves of specialized work activity programs, prevocational and work adjustment training, or sheltered workshop programs.

j)~~i)~~ Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record.

k)~~j)~~ Residents shall not be used to replace employed staff. ~~(B)~~

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 350.1080 Restraints

a) The facility shall have written policies controlling the use of restraints including but not limited to leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part.

b) No restraints with locks shall be used.

c) Physical restraints shall not be used on a resident for the purposes of discipline or convenience.

(Source: Added at 18 Ill. Reg. _____, effective _____)

Section 350.1082 Nonemergency Use of Restraints

a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:
   1) the assessment of the resident's capabilities and an evaluation and trial of less restrictive alternatives that could prove ineffective;
   2) the assessment of a specific medical symptom, including life-saving treatment, that requires the use of restraints, those symptoms being treated and how the use of restraints will assist the resident in reaching his or her *highest practicable physical, mental or psychosocial well being;*
   3) consultation with appropriate health professionals, such as occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and
   4) demonstration by the care planning process that using a restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the *highest practicable physical, mental or psychosocial well being*. (Section 2-106(c) of the Act, as added by P.A. 88-413, effective August 20, 1993)

b) *A restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106(c) of the Act, as added by P.A. 88-413, effective August 20, 1993) Informed consent includes information about potential negative outcomes of the use of a particular restraint, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact.

c) Use of a restraint may only be authorized for a specified period of

time. The effectiveness of the restraint in treating medical symptoms or as a therapeutic intervention, and any negative impact on the resident, shall be assessed by the facility throughout the period of time the restraint is used.

d) After the authorized period for use of a restraint has expired, information about the actual effectiveness of the restraint in treating the resident's medical symptoms or as a therapeutic intervention and about any actual negative impact on the resident shall be given to the resident, resident's guardian, or other authorized representative before the facility secures an informed consent for an additional period of time.

e) *A restraint may be applied only by* staff *trained in the application of the particular type of restraint.* (Section 2-106(d) of the Act, as added by P.A. 88-413, effective August 20, 1993)

f) *Whenever a period of use of a restraint is initiated, the resident shall be advised of his or her right to have a person or organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the restraint.* A period of use of a restraint is initiated when a particular restraint is applied to a resident for the first time under a new or renewed authorization for the use of that restraint. *A recipient who is under guardianship may request that a person or organization of his or her choosing be notified of the restraint, whether or not the guardian approves the notice. If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the restraint is to be used. Whenever the guardianship and advocacy commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted.* (Section 2-106(e) of the Act, as added by P.A. 88-413, effective August 20, 1993)

g) *Whenever a restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the resident or others.* (Section 2-106(f) of the Act, as added by P.A. 88-413, effective August 20, 1993)

h) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the progressive removal of restraints or the progressive use of less restrictive means.

i) A resident wearing a restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, residents will be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate.

j) No form of seclusion shall be permitted.

(Source: Added at 18 Ill. Reg. _____, effective _____)

Section 350.1084 Emergency Use of Restraints

a) *If a resident needs emergency care, restraints may be used for brief periods to permit treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of the treatment in question.* (Section 2-106(c) of the Act, as added by P.A. 88-413, effective August 20, 1993)

b) For this Section only, "emergency care" means the unforeseen need for immediate treatment inside or outside the facility that is necessary to:

1) save the resident's life;

2) prevent the resident from doing serious mental or physical harm to himself/herself; or

3) prevent the resident from injuring another individual.

c) If a resident needs emergency care and other less restrictive interventions have proved ineffective, a restraint may be used briefly to permit treatment to proceed. The attending physician shall be contacted immediately for orders. If the attending physician is not available, the facility's advisory physician or Medical Director shall be contacted. If a physician is not immediately available, a nurse or QMRP with supervisory responsibility may approve, in writing, the use of physical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician as soon as possible, but no later than within eight hours. The resident must be in view of a staff person at all times the restraint is in place until the resident has been examined by a physician. The resident's needs for toileting, ambulation, hydration, nutrition, repositioning, and skin care must be met during the temporary restraint.

d) The emergency use of a restraint must be documented in the resident record, including:

1) the behavior incident that prompted the use of the restraint;

2) the date and times the restraint was applied and released;

3) the name and title of the person responsible for the application and supervision of the restraint;

4) the action by the resident's physician upon notification of the restraint use;

5) the new or revised orders issued by the physician;

6) the date of the scheduled care planning conference or the reason a care planning conference is not needed, in light of the resident's emergency need for restraint.

e) The facility's emergency use of restraints shall comply with Sections 350.1080(b), and (c) and 350.1082(b), (e), (f), (g), and (j).

(Source: Added at 18 Ill. Reg. _____, effective _____)

Section 350.1086 Unnecessary, Psychotropic, and Antipsychotic Drugs

a) *A resident shall not be given unnecessary drugs* in accordance with

Section 390.Appendix E. In addition, *an unnecessary drug is any drug used:*

1) *in an excessive dose, including in duplicative therapy;*
2) *for excessive duration;*
3) *without adequate monitoring;*
4) *without adequate indications for its use; or*
5) *in the presence of adverse consequences that indicate the drugs should be reduced or discontinued.* (Section 2-106.1(a) of the Act, as added by P.A. 88-413, effective August 20, 1993)

b) *Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106.1(b) of the Act, as added by P.A. 88-413, effective August 20, 1993)

c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific condition as diagnosed and documented in the clinical record in accordance with Section 350.Appendix E.

d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these drugs in accordance with Section 350.Appendix E.

e) For the purposes of this Section:

1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, which have a sedative effect.

2) "Psychotropic medication" *means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest editions of the AMA Drug Evaluations of the Physician's Desk Reference or* Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993. (Section 2-106.1(b) of the Act, as added by P.A. 88-413, effective August 20, 1993)

3) "Antipsychotic Drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.

(Source: Added at 18 Ill. Reg. _____, effective _____)

SUBPART F: HEALTH SERVICES

Section 350.1220 Physician Services

a) The facility shall have a written program of medical services that reflects the philosphy of care provided, the policies relating to this, and the procedures for implementation of the services. The program shall include the health services provided by the facility and the arrangements to effect a transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility. ~~(B)~~

b) There shall be a formal arrangement for qualified medical care for the facility, including care for medical emergencies on a 24 hour, seven days-a-week basis. The facility shall have an advisory physician, fully licensed to practice medicine in Illinois to provide advice on general health conditions and practices of the facility. ~~(B)~~

c) The services of a physician licensed to practice medicine in Illinois shall be available to every resident in the facility. ~~(A,-B)~~

d) The resident or his guardian shall be permitted his choice of physicians.

e) All residents shall be seen by their physician as often as necessary to assure adequate health care ~~(Medicare-Medicaid---requires certification-visits);---(A,-B)~~

f) Physicians shall participate, when appropriate, in the continuing interdisciplinary evaluation of individual residents, for the purposes of initiation, monitoring, and follow-up of individualized habilitation programs for treatment.

g) The statement of treatment goals and management plans shall be reviewed and updated at least semiannually to insure continuing appropriateness of the goals, consistency of management methods with the goals, and the achievement of progress toward the goals.

h) The facility shall maintains effective arrangements through which medical and remedial services required by the resident but not regularly provided within the facility can be obtained promptly when needed. (B)

i) The administrator shall assume the responsibility for meeting the Department's rules entitled "Control of Communicable Disease Code" (77 Ill. Adm. Code 690), so that there is a minimum danger of transmission of contagious, infectious, or communicable diseases. ~~(B)~~

j) No resident with a communicable, contagious, or infectious disease shall be admitted knowingly. An exception shall be a resident whose only such infectious condition is one or more chronic decubital ulcers, from which laboratory tests have proven the presence of a pathogenic organism. Such a resident may be admitted when the facility is capable of implementing appropriate treatment and isolation techniques, to avoid secondary spread of infection. Additional exceptions may be requested on an individual case basis. Permission to admit or keep a resident with any other communicable, contagious, or infectious disease shall require the written approval of the Department. Such approval will be dependent upon the nature of the infectious condition or disease and the capability of the facility to provide proper care to the resident and to adequately safeguard the staff and other residents of the facility from secondary spread of infection. Any resident when suspected or diagnosed as having any communicable, contagious, or infectious disease, shall be placed in

the appropriate type of isolation as required by the Department's rules entitled "Control of Communicable Disease Code" (77 Ill. Adm. Code 690) , for the period of time required for each specific disease or until removed from the facility. ~~(A,-B)~~

k) All illnesses required to be reported under subsection (i) of this Section , shall be reported immediately to the local health department and to the Department. The administrator shall furnish all pertinent information relating to such occurrences. ~~(B)~~

l) Each resident admitted shall have a complete physical examination, within five days prior to admission, or within 72 hours after admission to the facility. This examination report shall include an evaluation of the resident's condition including height and weight, diagnosis, plan of treatment and recommendations, treatment orders, personal care needs, and permission for participation in the activity program as determined appropriate by the attending physician. The report shall include documentation of the presence or absence of tuberculosis infection by tuberculin skin test in accordance with Section 350.1225 . The report shall also include documentation of the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores) with grade, size and location specified, and orders for treatment if present. ~~(A-photograph-of-incipient-or-manifest-decubitus-ulcers-is-recommended-on-admission.)~~ The report shall also include orders from the physician regarding weighing of the resident, and the frequency of such weighing, if ordered.

m) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. ~~(B)~~

n) At the time of an accident, immediate first aid treatment shall be provided by personnel trained in medically approved first aid procedures. ~~(B)~~

o) The admission information for a resident shall include diagnoses, summary of present medical findings, medical history, mental and physical functioning capacity, prognosis and an explicit recommendation by the physician with respect to admission to or continued care in the facility; it shall also include orders for medications, treatments, restorative services, diet, specific procedures recorded for the health and safety of the resident activities and plans for continuing care and discharge. If this information is not received with the resident at the time of admission, it must be received within 48 hours.

p) If a resident becomes unmanageable, he shall be examined by a physician or a psychiatrist. This medical examination shall be made promptly. A psychologist and members of other appropriate professional disciplines should be consulted, as necessary. ~~(B)~~

q) No resident shall be discharged without the concurrence of the attending physician. All involuntary discharges and transfers shall be in accordance with Sections 3-401 to 3-423 of the Act.

~~r) No-form-of-seclusion-shall-be-permitted,-even-if-the-resident-desires-it.~~

~~s) Restraints-shall-be-used-only-in-an-emergency-to-protect-the-resident-from-harming-himself-or-harming-other-residents,-visitors,-or-staff.-If-it-is-necessary-to-use-restraints-for-this-purpose,-the-attending-physician-shall-be-contacted-immediately-for-his-orders-for-this-emergency.---In-the-event-the-attending-physician-is-not-immediately-available,-the-facility's-advisory-physician-shall-be-contacted-for-such-orders.---This-emergency-use-of-restraints-shall-be-used-only-temporarily.--In-a-single-emergency,-restraints-shall-not-be-used-for-a-period-of-more-than-four-hours.--If-a-restraint-is-used-for-more-than-two-hours,-it-must-be-released-for-a-few-minutes-at-least-once-every-two-hours,-or-more-often-if-necessary.--There-must-be-constant-observation-of-the-resident-while-a-restraint-is-being-used.--No-restraints-with-locking-devices-may-be-used.--(B)~~

~~t) The-reason-for-ordering-and-using-restraints-shall-be-recorded-in-the-clinical-record.-There-shall-be-written-policies,-which-are-followed-in-the-operation-of-the-facility,-covering-the-use-of-restraints.~~

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 350.1420 Conformance with Physician's Orders

a) All medications, including cathartics, headache remedies, or vitamins, shall be given only upon the written order of a physician. (Rubber stamp signatures are not acceptable.) All such orders shall have the handwritten signature of the physician. These medications shall be given as prescribed by the physician and at the designated time. ~~(A, B)~~ Telephone orders may be taken by a registered nurse or licensed practical nurse. All such orders shall be immediately written on the resident's clinical record, or a "telephone order form" and signed by the nurse taking the order. These orders shall be countersigned by the physician within ~~five~~ ten working days. ~~Facilities-participating-in-Medicare/Medicaid-must-meet-the-applicable-Federal-regulations.~~ (B)

b) ~~Review-of-medication-orders;~~ The staff pharmacist or consultant pharmacist shall review the medical record, including physician orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 350.Appendix E, determine if there are irregularities which would cause potential adverse reactions, allergies, contraindications, or ineffectiveness. This review shall be done at the facility. Documentation of this review must be entered in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, and the administrator. (A, B)

c) A medication order not specifically limiting the time or number of doses shall be automatically stopped in accordance with written policy approved by the pharmaceutical advisory committee. (B)

d) The resident's attending physician shall be notified of medications about to be stopped so that the physician may promptly renew such orders to avoid interruption of the resident's therapeutic regimen. (B)

e) All medications to be released to the resident, or person responsible for the resident's care, at the time of discharge or when the resident is going to be temporarily out of the facility at medication time (such as when attending a vocational training program or on a weekend pass) shall be approved by the physician. A notation concerning their disposition shall be made on the resident's clinical record.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

SUBPART P: SPECIAL STANDARDS FOR INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED OF 16 BEDS OR LESS

Section 350.3750 Consultation Services and Nursing Services

An ICF/DD of 16 Beds Or Less shall admit only those residents needing nursing care for which the facility has adequate ~~certified by a physician as not in need of professional nursing services. The need for training or supervision in self-medication shall not, in and of itself, constitute a need for~~ professional nursing services to meet the resident's needs. Arrangements shall be made through formal contract for the services of a ~~registered~~ licensed nurse ~~or public health nurse~~ to visit as required. ~~for the care of minor illnesses, injuries or emergencies, and to provide consultation on the health aspects of the individual plans of care.~~ A responsible staff member shall be on duty at all times who is immediately accessible, and to whom residents can report injuries, symptoms of illness, and emergencies (see Section 350.810(a)). The consultant nurse shall provide consultation on the health aspects of the individual plan of care and shall be ~~give this consultation~~ in the facility not less than two hours per month. ~~(B)~~

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 350.3760 Medication Policies

a) In order for each resident to attain the highest possible level of independent functioning, all residents shall be permitted to participate in their total health care program. This program shall include, but not be limited to, resident training in preventive health and self-medication procedures provided by a licensed nurse. Every facility shall adopt written preventative health and self-medication policies and procedures, which are consistent with the purpose of the Act and this Part and which shall be followed in the operation of the facility, for assisting residents in obtaining preventative health and

self-medication skills. ~~(A, B)~~ 1) These policies and procedures shall be developed with consultation from an Illinois registered professional nurse and a registered pharmacist. These policies and procedures shall be part of the written program of care and services. (See Section 350.620). ~~(B) 2) If the policies of the facility permit residents to be totally responsible for their own medication, when the attending physician gives written permission for such action, the policies of the facility shall provide that the resident and attending physician shall be given written statements concerning the relative responsibilities of each of the three parties, (facility, resident and physician), in cases where residents, or any other persons, suffer harm due to residents' actions in handling their own medications.~~

b) No facility shall operate a pharmacy.

c) A facility may stock only drugs which are regularly available without prescription at a commercial pharmacy, such as: noncontrolled cough syrups, laxatives, and analgesics. These shall be given to a resident only upon the written order of the physician, dentist, or podiatrist; shall be administered from the original containers; and shall be recorded in the resident's clinical record.

d) No emergency medication kit shall be maintained in this type of facility.

e) Nursing stations are not required in this type of facility.

f) Current medical references are not required in this type of facility.

g) All medications on individual prescription or from the physician's personal supply shall be properly labeled as set forth in Section 350.3760(q).

1) All other medications shall be authorized by a physician for individual resident use, and shall be clearly identified with the resident's name. ~~(A, B)~~

2) Attending physicians shall review the medication regimen of each resident at least every six months. Documentation of this review shall be entered in the resident's record. ~~(B)~~

h) All medications used by residents shall be properly recorded by facility staff at time of use. See Section 350.1620(g). A medication record need not be kept for those residents for whom the attending physician has given permission to keep their medication in their room and to be fully responsible for taking the medications in the correct dosage and at the proper times themselves.

i) Bottled oxygen may not be administered in a facility, except in an emergency. Not more than one 12 pound portable size tank of oxygen for such an emergency use shall be kept in the facility. However, use of an oxygen concentrator is permitted when prescribed by a physician for a resident. The facility must be in compliance with directions for use of such equipment as established by the manufacturer. ~~(A, B)~~

j) All discontinued legend or controlled drugs, all medications having an expiration date that has passed, and all medications of residents who have expired, shall be disposed of in accordance with the rules and regulations of the Federal Drug Enforcement Administration by the

prescribing physician or the consultant pharmacist. A notation of their disposition shall be made in the resident's record. ~~{B}~~

k) All medications taken by residents in this type of facility must be administered by a nurse or physician licensed to practice in Illinois unless the medication is self-administered by the resident. Facility staff shall not administer medication to residents unless the staff person is a properly licensed nurse or physician. ~~{B}~~

~~1) The facility shall provide either directly or through arrangements with the consultant nurse, as determined to be necessary by the facility's medical staff or the resident's personal physician, training and supervision necessary for each resident to gain independence in self-administering their own medications and biologicals (such as serums, vaccines, antigens, or antitoxins), as approved in writing by the resident's personal physician. {B}~~

1) ~~2)~~ All residents shall be evaluated by the facility's interdisciplinary team to ~~for the purpose of determining~~ determine their self-medication capability. Each resident determined to have the capability to learn to administer his/her own medications ~~need training in self-medication~~ shall have written training and habilitation objectives developed by the interdisciplinary team based upon this evaluation and stated in specific behavioral terms that permit the progress of the resident to be assessed and recorded. ~~{B}~~

2) The facility shall provide, either directly or through arrangements with the consultant nurse, training and supervision necessary for identified residents to gain independence in self-administering their own medications as approved in writing by the resident's personal physician, and documented in the resident's individual plan.

3) Facility staff may assist a resident in the self-administration of medications by taking the medication from the locked area where it is stored and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident. Facility staff may also assist physically impaired residents, such as those who have arthritis, cerebral palsy, or Parkinson's disease, in the removal of the medication from the container and in assisting the resident in consuming or applying the medication when requested to do so by the resident. (For example, a staff member may place a dose of medicine in a container and place the container to the mouth of a resident who would not be able to do so without spilling it.) ~~{B}~~

4) To be considered "capable of self-administering their own medications ~~and biologicals~~," ~~a resident~~ residents must, at a minimum, be able to identify their medication by size, shape, ~~and~~ or color and know when they should take it, and the amount to be taken each time. ~~{B}~~

l) All medications shall be stored under lock and key at all times. The storage area shall be well lighted and of sufficient size to permit storage without crowding. This area may be a metal container, drawer, cabinet, closet, or room. A separate medication room is not required. ~~{B}~~

m) The key to the medicine area shall be the responsibility of, and in the possession of, the staff persons responsible for overseeing the self-administration of medications by residents. ~~{B}~~

1) The medicine area shall not be used for any other purpose. However, for those persons whom the attending physician has given written permission to handle their own medication, medications may be stored in a locked metal container, drawer, or cabinet in the resident's room along with other possessions of that resident. ~~{B}~~

2) Residents for whom the attending physician has given permission to be totally responsible for their own medication shall maintain possession of the key, or combination of the lock, to their own medication storage area. A duplicate key or a copy of the combination shall be kept by the facility in its safe, or some other secure place, for emergency use, such as if residents lose or misplace their key, or forget the combination. ~~{B}~~

n) Medications for external use shall be kept in a separate location in the medicine area or in a separate locked area. ~~{B}~~

o) All poisonous substances and other hazardous compounds shall be kept in a separate locked area away from medications. ~~{B}~~

p) Biologicals or medications requiring refrigeration shall be kept in a separate, securely fastened locked container in a refrigerator, or in a locked refrigerator. ~~{B}~~

q) The label of each individual medication container filled by a pharmacist shall clearly indicate the resident's full name, physician's name, prescription number, name and strength of drug, amount of drug, date of issue, expiration date of all time-dated drugs; name, address, and telephone number of pharmacy issuing the drug; and the initials of the pharmacist filling the prescription. If the individual medication container is filled by a physician from the physician's own supply, the label shall clearly indicate all the preceding information except that pertaining to the identification of the pharmacy, pharmacist, and prescription number. ~~{B}~~

r) Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the issuing pharmacist, pharmacy, or dispensing physician for relabeling or disposal. Containers having no labels shall be destroyed in accordance with Federal and State laws. ~~{B}~~

s) The medications of each resident shall be kept and stored in their originally received containers. Medications shall not be transferred between containers. ~~{B}~~

Attorney General's Opinion File No. S-1033, dated January 9, 1976, concluded that the administration of medication to residents of licensed long-term care facilities is a nursing procedure, as defined in the Illinois Nursing Act ~~{Ill. Rev. Stat. 1973, ch. 91, para. 35.22 et seq.}~~, and, as such, cannot be

performed by persons who are not licensed as either Registered Professional Nurses or Licensed Practical Nurses. The opinion concluded by stating that "nursing aides, orderlies, attendants, and other auxiliary workers who are employed in nursing homes are not permitted to administer medications to patients in nursing homes."

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 330.APPENDIX E Guidelines for the Use of Various Drugs

A. Long-Acting Benzodiazepine Drugs

The following long-acting benzodiazepine drugs should not be used in residents unless an attempt with a shorter-acting drug (i.e., those listed under B. Benzodiazepine or Other Anxiolytic/Sedative Drugs, and under C. Drugs Used for Sleep Induction) has failed.

After an attempt with a shorter-acting benzodiazepine drug has failed, a long-acting benzodiazepine drug should be used only if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Its use results in maintenance or improvement in the resident's functional status;
3. Daily use is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful; and
4. Its use is less than, or equal to, the following listed total daily doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the maintenance, or improvement in the resident's functional status.

LONG-ACTING BENZODIAZEPINES

Generic	Brand	Daily Oral Dosage
Flurazepam	(Dalmane)	15mg
Chlordiazepoxide	(Librium)	20mg
Clorazepate	(Tranxene)	15mg
Prazepam	(Centrax)	15mg
Diazepam	(Valium)	5mg
Clonazepam	(Klonopin)	1.5mg
Quazepam	(Doral)	7.5mg

NOTES: When diazepam is used for neuromuscular syndromes (e.g., cerebral palsy, tardive dyskinesia or seizure disorders), this guideline does not apply.

When long-acting benzodiazepine drugs are being used to withdraw residents from short-acting benzodiazepine drugs, this guideline does not apply.

When clonazepam is used in bi-polar disorders, management of tardive dyskinesia, nocturnal myoclonus or seizure disorders, this guideline does not apply.

The daily doses listed under Long-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is "clinically contraindicated."

B. Benzodiazepine or other Anxiolytic/Sedative Drugs

Use of the listed Anxiolytic/Sedative drugs for purposes other than sleep induction should only occur if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Use results in a maintenance or improvement in the resident's functional status;
3. Daily use (at any dose) is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful;
4. Use is for one of the following indications as defined by the Diagnostic and Statistical Manual of Mental Disorders (third edition - revised) or subsequent editions:
   Generalized anxiety disorder;
   Organic mental syndromes (including dementia) with associated agitated states which are quantitatively and objectively documented and which constitute sources of distress or dysfunction to the resident or represent a danger to the resident or others;
   Panic disorder;
   Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder (e.g., depression, adjustment disorder); and
5. Use is equal to or less than the following listed total daily doses, unless higher doses (as evidenced by the resident response and/or the resident's clinical record) are necessary for the improvement or

maintenance in the resident's functional status.

SHORT-ACTING BENZODIAZEPINES

Generic	Brand	Daily Oral Dosage
Lorazepam	(Ativan)	2mg
Oxazepam	(Serax)	30mg
Alprazolam	(Xanax)	0.75mg
Halazepam	(Paxipam)	40mg

OTHER ANXIOLYTIC AND SEDATIVE DRUGS

Generic	Brand	Daily Oral Dosage
Buspirone HCl	(BuSpar)	30mg
Diphenhydramine	(Benadryl)	50mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	750mg

NOTES: The daily doses listed under Short-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that a gradual dose reduction is "clinically contraindicated."

Diphenhydramine, hydroxyzine and chloral hydrate are not necessarily drugs of choice for treatment of anxiety disorders. They are only listed here in the event of their potential use.

C. Drugs Used for Sleep Induction

Drugs used for sleep induction should only be used if:

1. Evidence exists that other possible reasons for insomnia (e.g., depression, pain, noise, light, caffeine) have been ruled out;
2. The use of a drug to induce sleep results in the maintenance or improvement of the resident's functional status;

3. Daily use of the drug is less than ten continuous days unless an attempt at a gradual dose reduction is unsuccessful;
4. The dose of the drug is equal or less than the following listed doses unless higher doses (as evidenced by the resident response and/or the resident's clinical record) are necessary for maintenance or improvement in the resident's functional status.

HYPNOTIC DRUGS

Generic	Brand	Oral Dosage
Temazepam	(Restoril)	15mg
Triazolam	(Halcion)	0.125mg
Lorazepam	(Ativan)	1mg
Oxazepam	(Serax)	15mg
Alprazolam	(Xanax)	0.25mg
Halazepam	(Paxipam)	20mg
Diphenhydramine	(Benadryl)	25mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	500mg

NOTES: Diminished sleep in the elderly is not necessarily pathological. The doses listed are doses for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

Diphenhydramine, hydroxyzine, and chloral hydrate are not necessarily drugs of choice for sleep disorders. They are listed here only in the event of their potential use.

For drugs in this category, a gradual dose reduction should be attempted at least three times within six months before one can conclude that a gradual dose reduction is "clinically contraindicated."

D. Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs

The initiation of the following hypnotic/sedative/anxiolytic drugs should not occur in any dose for any resident. (See Notes for exceptions.) Residents currently using these drugs or residents admitted to the facility while using these drugs should receive gradual dose reductions as part of a plan to eliminate or modify the symptoms for which they are prescribed. A gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is clinically contraindicated. Newly admitted residents using these drugs

may have a period of adjustment before a gradual dose reduction is attempted.

(Caution: The Rapid withdrawal of these drugs might result in severe physiological withdrawal symptoms.)

BARBITURATES (EXAMPLES)

Generic	Brand
Amobarbital	(Amytal)
Butabarbital	(Butisol, others)
Pentobarbital	(Nembutal)
Secobarbital	(Seconal)
Phenobarbital	(Many Brands)
Amobarbitol-Secobarbital	(Tuinal)
Barbiturates with other drugs	(e.g., Fiorinal)

MISCELLANEOUS HYPNOTIC/SEDATIVE/ANXIOLYTICS

Generic	Brand
Glutethimide	(Doriden)
Methprylon	(Noludar)
Ethchlorvynol	(Placidyl)
Meprobamate	(Equinal, Miltown)
Paraldehyde	(Many Brands)

NOTES: Amobarbital is excepted from this Guideline when used as a single dose sedative for dental or medical procedures.

Phenobarbital is excepted from this Guideline when used in the treatment of seizure disorders.

When Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs are used outside these Guidelines, they may be unnecessary drugs as a result of inadequate indications for use.

E. Antipsychotic Drugs

The following examples of antipsychotic drugs should not be used in excess of the listed doses for residents with organic mental syndromes (e.g., dementia, delirium) unless higher doses (as evidenced by the resident's response or the resident's clinical record) are necessary to maintain or improve the resident's functional status.

ANTIPSYCHOTIC DRUGS FOR RESIDENTS WITH ORGANIC MENTAL SYNDROMES

Generic	Brand	Daily Oral Dosage
Chlorpromazine	(Thorazine)	75 mg
Promazine	(Sparine)	150 mg
Triflupromazine	(Vesprin)	20 mg
Thioridazine	(Mellaril)	75 mg
Mesoridazine	(Serentil)	25 mg
Acetophenazine	(Tindal)	20 mg
Perphenazine	(Trilafon)	8 mg
Fluphenazine	(Prolixin, Permitil)	4 mg
Trifluoperazine	(Stelazine)	8 mg
Chlorprothixene	(Taractan)	75 mg
Thiothixene	(Navane)	7 mg
Haloperidol	(Haldol)	4 mg
Molindone	(Moban)	10 mg
Loxapine	(Loxitane)	10 mg
Clozapine	(Clozaril)	50 mg
Prochlorperazine	(Compazine)	10 mg

NOTES: The doses listed are daily doses (usually administered in divided doses) for residents with organic mental syndromes. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it is necessary for the maintenance or improvement in the resident's functional status.

The "specific conditions" for use of antipsychotic drugs are listed under this Guideline, item G.

The dose of prochlorperazine may be exceeded for short term (seven day) treatment of nausea and vomiting.

When antipsychotic drugs are used outside these Guidelines, they may be deemed unnecessary drugs as a result of excessive dose.

F. Monitoring for Antipsychotic Drug Side Effects

The facility assures that residents who are undergoing antipsychotic drug therapy receive adequate monitoring for significant side effects of such therapy with emphasis on the following:

1. Tardive dyskinesia;
2. Postural (orthostatic) hypotension;
3. Cognitive/behavior impairment;
4. Akathisia; and

5. Parkinsonism.

When antipsychotic drugs are used without monitoring for these side effects, they may be unnecessary drugs because of inadequate monitoring.

G. Use of Antipsychotic Drugs

Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions":

1. Schizophrenia;
2. Schizo-affective disorder;
3. Delusional disorder;
4. Psychotic mood disorders (including mania and depression with psychotic features);
5. Acute psychotic episodes;
6. Brief reactive psychosis;
7. Schizophreniform disorder;
8. Atypical psychosis;
9. Tourette's disorder;
10. Huntington's disease;
11. Organic mental syndromes (including dementia and delirium) with associated psychotic and/or agitated behaviors:
    a. Which have been quantitatively (number of episodes) and objectively (e.g., biting, kicking, scratching) documented;
    b. Which are not caused by preventable reasons; and
    c. Which are causing the resident to:
        Present a danger to her/himself or to others,
        Continuously cry, scream, yell, or pace if these specific behaviors cause an impairment in functional capacity, or
        Experience psychotic symptoms (hallucinations, paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or pacing but which cause the resident distress or impairment in functional capacity; or
12. Short term (7 days) symptomatic treatment of hiccups, nausea, vomiting or pruritus.

Antipsychotics should not be used if one or more of the following is/are the only indication:

1. Wandering,
2. Poor self care,
3. Restlessness,
4. Impaired memory,
5. Anxiety,
6. Depression (without psychotic features),
7. Insomnia,
8. Unsociability,

9. Indifference to surroundings,
10. Fidgeting,
11. Nervousness,
12. Uncooperativeness, or
13. Agitated behaviors which do not represent danger to the resident or others.

As needed or P.R.N. antipsychotic drugs should only be used when the resident has a "specific condition" for which antipsychotic drugs are indicated (that is, points one through twelve above, and one of the following circumstances exists:

1. The as needed or P.R.N. dose is being used to titrate the resident's total daily dose up to achieve symptom relief, or down to avoid side effects, or down to effect a gradual dose reduction, or
2. The as needed or P.R.N. dose is being used to manage unexpected harmful behaviors that cannot be managed without antipsychotic drugs. Under this circumstance, a P.R.N. antipsychotic drug may be used no more than twice in any seven day period without an assessment of the cause for the resident's behavioral symptoms, and the development of a plan of care designed to attempt to reduce or eliminate the cause(s) for the harmful behavior.

H. Antipsychotic Drug Gradual Dose Reduction

Residents must, unless clinically contraindicated, have gradual dose reductions of the antipsychotic drug. The gradual dose reduction should be under close supervision. If the gradual dose reduction is causing an adverse effect on the resident and the gradual dose reduction is discontinued, documentation of this decision and the reasons for it should be included in the clinical record. Gradual dose reductions consist of tapering the resident's daily dose to determine if the resident's symptoms can be controlled by a lower dose or to determine if the dose can be eliminated altogether.

"Behavioral interventions" means modification of the resident's behavior or the resident's environment, including staff approaches to care, to the largest degree possible to accommodate the resident's behavioral symptoms.

"Clinically contraindicated" means that a resident with a "specific condition" (as listed in these Guidelines under item G,1-11) who has had a history of recurrence of psychotic symptoms (e.g., delusions, hallucinations) which have been stabilized with a maintenance dose of an antipsychotic drug without incurring significant side effects (e.g., tardive dyskinesia) should not receive gradual dose reductions. In residents with organic mental syndromes (e.g., dementia, delirium), "clinically contraindicated" means that a gradual dose reduction has been attempted twice in one year and that attempt resulted in the return of symptoms for which the drug was prescribed to a degree that a cessation in

the gradual dose reduction, or a return to previous dose levels was necessary.

I. Exceptions to These Guidelines

The facility shall have the opportunity to provide a rationale for the use of drugs prescribed outside these Guidelines. The facility may not justify the use of a drug prescribed outside these Guidelines solely on the basis of "the doctor ordered it." The rationale must be based on sound risk-benefit analysis of the resident's problem and potential adverse effects of the drug.

The unnecessary drug criterion of "adequate indications for use" does not simply mean that the physician's order must include a reason for using the drug (although such order writing is encouraged). It means that the resident lacks a valid clinical reason for use of the drug as evidenced by the evaluation of some, but not necessarily all, of the following: resident assessment, plan of care, reports of significant change, progress notes, laboratory reports, professional consults, drug orders, observation and interview of the resident, and other information.

In determining whether an antipsychotic drug is without a "specific condition" or that "gradual dose reduction and behavioral interventions" have not been performed, the facility shall justify why using the drug outside these Guidelines is in the best interest of the resident.

Examples of evidence that would support a justification of why a drug is being used outside these Guidelines but in the best interests of the resident may include, but are not limited to:

1. A physician's note indicating, for example, that the dosage, duration, indication, and monitoring are clinically appropriate, and the reasons why they are clinically appropriate; this note should demonstrate that the physician has carefully considered the risk/benefit to the resident in using drugs outside these Guidelines;
2. A medical or psychiatric consultation or evaluation (e.g., Geriatric Depression Scale) that confirms the physician's judgment that use of a drug outside those Guidelines is in the best interest of the resident;
3. Physician, nursing, or other health professional documentation indicating that the resident is being monitored for adverse consequences or complications of the drug therapy;
4. Documentation confirming that previous attempts at dosage reduction have been unsuccessful;
5. Documentation (such as MDS documentation) showing resident's subjective or objective improvement, or maintenance of function while taking the medication;
6. Documentation showing that a resident's decline or deterioration is evaluated by the interdisciplinary team to determine whether a particular drug, or a particular dose, or duration of therapy, may be

the cause;
7. Documentation showing why the resident's age, weight, or other factors would require a unique drug dose or drug duration, indication, monitoring.
8. Other evidence which may be appropriate.

(Source: Added at 18 Ill. Reg. _____, effective _____)

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NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Long-Term Care for Under Age 22 Facilities Code

2) Code Citation: 77 Ill. Adm. Code 390

3)

Section Numbers:	Proposed Action:
390.200	Amendments
390.270	Amendments
390.330	Amendments
390.1040	Amendments
390.1310	Amendments
390.1312	New Section
390.1314	New Section
390.1316	New Section
390.1320	Amendments
390.1330	Repealer
390.1420	Amendments
390.Appendix C	New Section

4) Statutory Authority:
Nursing Home Care Act
Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 4151-101 et seq.
[210 ILCS 45]

5) A Complete Description of the Subjects and Issues Involved:

Section 390.200 ("Inspections, Surveys, Evaluations and Consultation") is being amended in response to Public Act 88-278 (House Bill 1488) - effective August 10, 1993. P.A. 88-278 amended the Nursing Home Care Act to state that the Department is not required to determine whether a certified facility that has been determined by inspection to be in compliance with federal certification requirements is in compliance with requirements under the Nursing Home Care Act that are less stringent than or duplicate federal requirements. In effect, the change in the law allows the Department to do one survey for certification and convert the certification findings into licensure enforcement remedies. The changes to Section 390.200 will implement this procedure, which will more effectively use staff time and decrease paperwork.

Section 390.270 ("Monitor and Receivership") is being amended to allow licensed nurses and nursing home administrators who do not have baccalaureate degrees to be used as monitors and receivers. The Department does not believe that a degree should be required if such persons are otherwise qualified to serve as monitors or receivers.

Changes to Section 390.330 ("Definitions") include:
the addition of definitions for the terms Chemical Restraint; Convenience; Developmental Disabilities (DD) Aide; Direct Care Aide; Discipline; Physical Restraint; and Restraint of a Resident;

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the deletion of definitions for the terms Community Living Facility; Developmentally Disabled; Equivalent of a Graduate Licensed Practical Nurse; Facility, Community Living; House Manager; Multidisciplinary; Program Coordinator; Restraint; Restriction; Safety Device;
the amendment of definitions for the terms Cruelty and Indifference to the Welfare of the Resident; Developmental Disability; Dietetic Service Supervisor; Facility, Intermediate Care for the Developmentally Disabled; Interdisciplinary Team; Personal Care; Social Worker, Qualified; Substantial; Substantial failure; and Unit.

Some of these changes are in response to P.A. 88-413 (effective August 20, 1993). Other changes are being made to achieve consistency among the four sets of rules implementing the Nursing Home Care Act.

Section 390.1040 ("Nursing Services") is being amended to replace the term "safety devices" in subsection (o) with "side rails on beds and restraints." In addition, subsection (b) is being amended to change the requirement that the registered nurse work "on the day shift" to "for 8 consecutive hours." This change, which was inadvertently omitted from a previous rulemaking, will make the rules consistent with requirements for skilled nursing and intermediate care facilities (77 Ill. Adm. Code 300).

Section 390.1310 ("Restraints and Safety Devices") is being amended in response to P.A. 88-413, which extensively amended the Nursing Home Care Act in regard to the use of physical and chemical restraints and drug treatment. The Act requires the Department, by rule, to designate certain devices as restraints and to adopt the standards for unnecessary drugs contained in the federal Interpretive Guidelines. Section 390.1310 requires facilities to have policies concerning the use of restraints; lists devices and practices considered to be restraints; deletes use of the term "safety devices."

Section 390.1312 is being added to set forth requirements for the nonemergency use of restraints. These include provisions for the use of physical restraints; consent of the resident, the resident's guardian, or other authorized representative; authorization of the use of restraints for a specific period of time; application of restraints by trained staff; care planning for progressive removal of restraints or progressive use of less restrictive means; periodic release of restraints and provision of care; and prohibition of the use of any form of seclusion.

Section 390.1314 is added to address the emergency use of restraints. The rule defines "emergency care"; sets forth requirements for documentation of the emergency use of a restraint in the resident record; includes procedures for physician's orders and care of the resident; references to other provisions of the rules that must be followed in emergency use of restraints.

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Section 390.1316 is a new Section entitled "Unnecessary, Psychotropic and Antipsychotic Drugs." The rule sets forth the circumstances in which the use of a drug would be "unnecessary"; defines the terms "duplicative drug therapy," "psychotropic medication," and "antipsychotic drug"; and includes provisions for informed consent, documentation, and dose reductions and behavior interventions.

Section 390.1320 ("Behavior Management") is being amended to delete reference to Individual Behavior Programs utilizing chemical restraints.

Section 390.1330 ("Behavior Emergencies") is being repealed.

Section 390.1420 is amended to add a reference to Section 390.Appendix C, "Guidelines for the Use of Various Drugs" in the subsection concerning review of medication orders.

Section 390.Appendix C is added to include, as required by P.A. 88-413, the standards for unnecessary drugs contained in the interpretive guidelines issued by the U.S. Department of Health and Human Services for the purpose of administering Titles 18 and 19 of the Social Security Act.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after the publication of the notice in the Illinois Register.

6) Will these proposed amendments replace emergency amendments currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

8) Do these proposed amendments contain incorporations by reference? Yes.

9) Are there any other proposed amendments pending on this Part? Yes.

Section Numbers	Proposed Action	Ill. Reg. Citation
390.640	Amendments	18 Ill. Reg. 4924
390.3260	Amendments	18 Ill. Reg. 4924

10) Statement of Statewide Policy Objectives:

This rulemaking does not create or expand a State Mandate.

11) Time, Place, and Manner in which interested persons may comment on this rulemaking:

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Interested persons may present their comments concerning these rules by writing to Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 within 45 days after this issue of the Illinois Register.

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected:

Long-term care facilities for persons under age 22

B) Reporting, Bookkeeping or Other Procedures Required for Compliance:

None

C) Types of Professional Skills Necessary for Compliance:

Professional skills necessary to comply with existing requirements in this Part

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 390
LONG-TERM CARE FOR UNDER AGE 22 FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

SUBPART B: ADMINISTRATION

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SUBPART C: POLICIES

SUBPART D: PERSONNEL

SUBPART E: HEALTH AND DEVELOPMENTAL SERVICES

SUBPART F: RESTRAINTS ~~AND SAFETY DEVICES,~~ AND BEHAVIOR MANAGEMENT~~, AND BEHAVIOR EMERGENCIES~~

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AUTHORITY: Implementing and authorized by the Nursing Home Care Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 4151-101 et seq.) [210 ILCS 45].

SOURCE: Adopted at 6 Ill. Reg. 1658, effective February 1, 1982; emergency amendment at 6 Ill. Reg. 3223, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11622, effective September 14, 1982; amended at 6 Ill. Reg. 14557 and 14560, effective November 8, 1982; amended at 6 Ill. Reg. 14678, effective November 15, 1982; amended at 7 Ill. Reg. 282, effective December 22, 1982; amended at 7 Ill. Reg. 1927, effective January 28, 1983;

amended at 7 Ill. Reg. 8574, effective July 11, 1983; amended at 7 Ill. Reg. 15821, effective November 15, 1983; amended at 7 Ill. Reg. 16988, effective December 14, 1983; amended at 8 Ill. Reg. 15585, 15589, and 15592, effective August 15, 1984; amended at 8 Ill. Reg. 16989, effective September 5, 1984; codified at 8 Ill. Reg. 19823; amended at 8 Ill. Reg. 24159, effective November 29, 1984; amended at 8 Ill. Reg. 24656, effective December 7, 1984; amended at 8 Ill. Reg. 25083, effective December 14, 1984; amended at 9 Ill. Reg. 122, effective December 26, 1984; amended at 9 Ill. Reg. 10785, effective July 1, 1985; amended at 11 Ill. Reg. 16782, effective October 1, 1987; amended at 12 Ill. Reg. 931, effective December 24, 1987; amended at 12 Ill. Reg. 16780, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6301, effective April 17, 1989; amended at 13 Ill. Reg. 19521, effective December 1, 1989; amended at 14 Ill. Reg. 14904, effective October 1, 1990; amended at 15 Ill. Reg. 1878, effective January 25, 1991; amended at 16 Ill. Reg. 623, effective January 1, 1992; amended at 16 Ill. Reg. 14329, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2390, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 7974, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15073, effective September 3, 1993; amended at 17 Ill. Reg. 16167, effective January 1, 1994; amended at 17 Ill. Reg. 19235, effective October 26, 1993; amended at 17 Ill. Reg. 19547, effective November 4, 1993; amended at 17 Ill. Reg. 21031, effective November 20, 1993; amended at 18 Ill. Reg. 1453, effective January 14, 1994; amended at 18 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 390.200 Inspections, Surveys, Evaluations and Consultation

a) The terms survey, inspection and evaluation are synonymous. These terms refer to the overall examination of compliance with the Act and this Part. All facilities to which this Part applies shall be subject to and shall be deemed to have given consent to annual inspections, surveys **and** or evaluations by properly identified personnel of the Department, or by such other properly identified persons, including local health department staff, as the Department may designate. *An inspection, survey or evaluation, other than an inspection of financial records, ~~shall be unannounced~~ shall be conducted without prior notice to the facility. A visit for the sole purpose of ~~consultations~~ consultation may be announced.* The licensee, or person representing the licensee in the facility, shall provide to the representative of the Department access and entry to the premises or facility for obtaining information required to carry out the Act and this Part. ~~*In addition, representatives of the Department*~~ In addition, representatives of the Department *shall have access to and may reproduce or photocopy at ~~the Department's~~ its cost any books, records, and other documents maintained by the facility, ~~the licensee~~*

~~or their representatives~~ the licensee or their representatives to the extent necessary to carry out the Act ~~and this Part~~ and this Part. A facility may charge the Department for such photocopying at a rate determined by the facility not to exceed the rate in the Department's Freedom of Information rules (2 Ill. Adm. Code 1126). (Sections 3-212 and 3-213 of the Act)

b) ~~Before making~~ In determining whether to make more than the required number of unannounced inspections, surveys and evalutions of a facility, the Department shall ~~have taken into account~~ consider one or more of the following ~~criteria~~:

1) previous inspection reports;

2) the facility's history of compliance with ~~the Act~~ the Act and this Part:

A) ~~prior~~ correction of violations;

B) ~~prior~~ penalties or other enforcement actions;

~~C) number and severity of prior complaints;~~

3) the number and severity of ~~current~~ complaints received about the facility;

4) any allegations of resident abuse or neglect;

5) ~~compliance with disaster preparedness provisions under the Act~~ weather conditions;

6) health emergencies;

~~6~~7) other reasonable belief that deficiencies ~~regarding the Act~~ exist; ~~and~~ and

~~7~~8) requirements pursuant to the "1864 Agreement" (42 U.S.C.A. 1395aa) between the Department and U.S. Health and Human Services (HHS) (e.g., annual and follow-up certification inspections, life safety code inspections and any inspections requested by the secretary of HHS). (Section 3-212(b) of the Act)

c) The Department shall not be required to determine whether a facility certified to participate in the Medicare program under Title XVIII of the Social Security Act, or the Medicaid Program under Title XIX of the Social Security Act, and which the Department determines by inspection to be in compliance with the certification requirements of Title XVIII or XIX, is in compliance with any requirement of the Act that is less stringent than or duplicates a federal certification requirement. (Section 3-212(b-1) of the Act, as added by P.A. 88-278, effective August 10, 1993)

d) The Department shall, in accordance with Section 3-212(a) of the Act, determine whether a certified facility is in compliance with requirements of the Act that exceed federal certification requirements (Section 3-212(b-1) of the Act, as added by P.A. 88-278, effective 10, 1993).

e) If a certified facility is found to be out of compliance with federal certification requirements, the results of the inspection conducted pursuant to Title XVIII or XIX of the Social Security Act (Section 3-212 (b-1) of the Act, as added by P.A. 88-278, effective August 10, 1993) shall be reviewed to determine which, if any, of the results shall be considered licensure findings, as follows:

1) The result identifies potential violations of the Nursing Home Care Act and this Part; and

2) The result, based on available information, would likely represent a Type A or Type B violation if tested against the factors described in Sections 390.272 and 390.274.

f) All results of an inspection conducted pursaunt to Title XVIII or XIX of the Social Security Act that the Department considers licensure findings shall be provided to the facility at the time of exit or by mail in accordance with subsection (g) of this Section.

eg) Upon the completion of each inspection, survey and evaluation, the appropriate ~~representative of the~~ Department personnel who conducted the inspection, survey or evaluation shall submit a copy of their report to the licensee ~~or their representative,~~ or their representative upon exiting the facility or upon considering results of an inspection conducted pursuant to Title XVIII or XIX of the Social Security Act as licensure findings. A copy of the information gathered during a complaint investigation will not be provided upon existing the facility. Comments or documentation provided by the licensee which may refute findings in the report, which explain extenuating circumstances that the facility could not reasonably have prevented, or which indicate methods and timetables for correction of deficiencies described in the report shall be provided to the Department within ten days of receipt of the copy of the report. (Section 3-212(c) of the Act)

dh) Consultation consist of providing advice or suggestions to the staff of a facility at their request relative to specific matters of the scope of regulation, methods of compliance with the Act or this Part, or general matter of patient care.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 390.270 Monitor and Receivership

a) The Department may place an employee or agent to serve as a monitor in a facility when any of the following conditions exist:

1) The facility is operating without a license;

2) The Department has suspended, revoked or refused to renew the existing license of the facility;

3) The facility is closing or has informed the Department that it intends to close and adequate arrangements for relocation of residents have not been made at least 30 days prior to closure;

4) The Department determines that an emergency exists, whether or not it has initiated revocation or nonrenewal procedures, if because of the unwillingness or inability of the licensee to remedy the emergency the Department believes a monitor is necessary; as used in this subsection, "emergency" means a threat to the health, safety or welfare of a resident that the facility is unwilling or unable to correct; or

5) The Department receives notification that *the facility is terminated or will not be renewed for participation in the federal reimbursement program under either Title XVIII (Medicaid) or Title XIX (Medicare) of the Social Security Act.* (Section 3-501 of the Act)

b) The monitor shall meet the following minimum requirements:
   1) be in good physical health as evidenced by a physical examination by a physician within the last year;
   2) have an understanding of the needs of ~~nursing-home~~ long-term care facility residents as evidenced by one year of experience in working with ~~the~~ elderly or developmentally disabled individuals in programs such as patient care, social work or advocacy;
   3) have an understanding of the Act and this Part which are the subject of the monitors' duties as evidenced in a personal interview of the candidate;
   4) not be related to the owners of the involved facility through blood, marriage or common ownership of real or personal property except ownership of stock that is traded on a stock exchange;
   5) have successfully completed a baccalaureate degree, or possess a nursing license or a nursing home administrator's license; and
   6) have two years full-time work experience in the long-term care industry of the State of Illinois.

c) The monitor shall be under the supervision of the Department; shall perform the duties of a monitor delineated in Section 3-502 of the Act; and accomplish the following actions:
   1) visit the facility ~~at-least-five-days-per-week-or~~ as directed by the Department;
   2) review all records pertinent to the condition for such monitor's placement under subsection (a) of this Section;
   3) provide to the Department, ~~a-weekly~~ written ~~report~~ and ~~a--daily~~ oral ~~report~~ reports detailing the observed conditions of the facility; and
   4) be available as a witness for hearings involving the condition for placement as monitor.

d) All communications, including but not limited to data, memoranda, correspondence, records and reports shall be transmitted to and become the property of the Department. In addition, findings and results of the monitor's work done under this Part shall be strictly confidential and not subject to disclosure without written authorization from the Department, or by court order subject to disclosure only in accordance with the provisions of the Freedom of Information Act, subject to the confidentiality requirements of the Act.

e) The assignment as monitor may be terminated at any time by the Department.

f) Through consultation with the long-term care industry associations, professional organizations, consumer groups and health care management corporations, the Department shall maintain a list of receivers. Preference on the list shall be given to individuals possessing a valid Illinois Nursing Home Administrator's License, experience in financial and operations management of a long-term care facility and individuals with access to consultative experts with the aforementioned experience. To be placed on the list, individuals must meet the following minimum requirements:
   1) be in good physical health as evidenced by a physical examination by a physician within the last year;
   2) have an understanding of the needs of ~~nursing-home~~ long-term care facility residents and the delivery of the highest possible quality of care as evidenced by one year of experience in working with ~~the~~ elderly or developmentally disabled individuals in programs such as patient care, social work, or advocacy;
   3) have an understanding and working knowledge of the Act, and this Part as evidenced in a personal interview of the candidate;
   4) have successfully completed a baccalaureate degree, or possess a nursing license or a nursing home administrator's license; and
   5) have two years full-time working experience in the Illinois long-term care industry.

g) Upon appointment of a receiver for a facility by a court, the Department shall inform the individual of all legal proceedings to date which concern the facility.

h) The receiver may request that the Director of the Department authorize expenditures from monies appropriated, pursuant to Section 3-511 of the Act, if incoming payments from the operation of the facility are less than the costs incurred by the receiver.

i) In the case of Department ordered patient transfers, the receiver may:
   1) assist in providing for the orderly transfer of all residents in the facility to other suitable facilities, or make other provisions for their continued health;
   2) assist in providing for transportation of the resident, his medical records and his belongings if he is transferred or discharged; assist in locating alternative placement; assist in preparing the resident for transfer; and permit the resident's legal guardian to participate in the selection of the resident's new location;
   3) unless emergency transfer is necessary, explain alternative placements to the resident and provide orientation to the place chosen by the resident or resident's guardian.

j) *In any action or special proceeding brought against a receiver in the receiver's official capacity for acts committed while carrying out the aforesaid powers and duties, the receiver shall be considered a public employee under the Local Governmental and Governmental Employees Tort Immunity Act* (Ill. Rev. Stat. 1991, ch. 85, par. 1-101 et seq.) [745 ILCS 10]. *A receiver may be held liable in a personal capacity only for the receiver's own gross negligence, intentional acts or breach of fiduciary duty.* (Section 3-513 of the Act)

(Source: Amended at 18 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

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Section 390.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act (Ill. Rev. Stat. 1991, ch. 111 1/2, ~~par.~~ pars. 4151-101 et seq.) [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

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Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 390.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autism - ~~A~~ a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in this Part, means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable

statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - ~~a charge nurse is~~ a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical Restraint - is any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms.* (Section 2-106 of the Act, as amended by P.A. 88-413, effective August 20, 1993)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under 22 Years of Age, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

~~Community Living Facility - see Facility, Community Living.~~

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - any action taken by the facility to control resident behavior or maintain residents with a lesser amount of effort by the facility and not in the resident's best interest.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse. ~~Examples of physical abuse are restraining a resident, striking, slapping, hitting, or withholding food as punishment. Examples of mental abuse are swearing, threatening and seclusion.~~

Dentist - any person licensed by the State of Illinois to practice

dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 2301 et seq.) [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

~~Developmentally Disabled-----those--individuals--whose--disability--is attributable--to-mental-retardation,-cerebral-palsy,-epilepsy,-autism, or-other-pathological-conditions-which-generally-originate-before-such individuals-attain-age-18,-and-which-continue,-or-can-be--expected--to continue,-indefinitely,-and-which-constitute-a-substantial-functioning handicap-to-such-individuals.~~

Developmental Disabilities (DD) Aide - any person who provides nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to DD aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

~~Developmental--Disability----a-severe,-chronic--disability-of-a-person which:~~

~~is--attributable--to--a--mental--or---physical----impairment---or combination-of-mental-and--physical-impairments-or-combination-of mental-and-physical-impairments;~~

~~is-manifest-before--age-22;~~

~~is-likely-to--continue-indefinitely;~~

~~results--in---substantial-functional-limitations-in-three-or-more of-the-following-areas-of-major-life-activities:~~

~~self-care;~~

~~receptive-and-expressive-language;~~

~~learning;~~

~~mobility;~~

~~self-direction;~~

~~capacity-for-independent-living;-and~~

~~economic-self-sufficiency;-and~~

~~reflects-the-person's-needs-for-a--combination--and--sequence--of special--interdisciplinary,-or-generic-care,-treatment,-or-other services--which--are--of--life-long--or--extended--duration---and individually-planned-and-coordinated.~~

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

self-care,

receptive and expressive language,

learning,

mobility,

self-direction,

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801 of the Act)

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate, prior to July 1, 1990, of a Department-approved course that ~~provides~~ provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or

has training and experience in food service supervision and management in a military service equivalent in content to the ~~program~~ programs in ~~paragraph~~ paragraphs (2), ~~or~~ (3) or (4) of this definition.

Dietitian - a person who:

is eligible for registration by the American Dietetic Association; or

has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has 1 year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Care Aide - any person who provides nursing care, personal care or psychosocial support to residents of specialized living facilities, regardless of title, and who is not a Qualified Professional, as defined in this Part. Direct Care Aides must function under the

supervision of a licensed nurse when performing nursing or personal care duties.

Direct Supervision - ~~means that~~ work ~~is~~ performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or his designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

~~Equivalent of a Graduate licensed Practical Nurse a licensed practical nurse, licensed by waiver who successfully passes the proficiency examination approved by the U.S. Department of Health and Human Services, shall be considered the equivalent of a licensed practical nurse who is a graduate of an approved school of practical nursing for the purposes of this Part.~~

Existing Long-Term Care Facility - any facility initially licensed as

a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

~~Facility, Community living a place of residence as limited in these standards for between five and 80 ambulatory adults who are mildly or moderately mentally retarded and who have a potential for being absorbed into the mainstream of community life.~~

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part, is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled. ~~Facilities with any number less than 50 percent of developmentally disabled residents, who are determined by the Department with consultation from the Division of Developmental Disabilities, Illinois Department of Mental Health and Developmental Disabilities to need organized social support and training programs, must comply with the program requirements in this Part.~~

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code (Ill. Rev. Stat. 1991, ch. 34, pars. 5-21001 et seq. and 5-22001 et seq.) [55 ILCS 5] *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 U.S.C.A. 1395 et seq. and 1936 et seq.). A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois;

A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of

human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, ~~par.~~ pars. 142 et seq.) [210 ILCS 85];
Any "facility for child care" as defined in the Child Care Act of 1969 (Ill. Rev. Stat. 1991, ch. 23, ~~par.~~ pars. 2211 et seq.) [225 ILCS 10];
Any "community living facility" as defined in the Community Living Facilities Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, ~~par.~~ pars. 4181 et seq.) [210 ILCS 35];
Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act (Ill. Rev. Stat. 1991, ch. 91 1/2, ~~par.~~ pars. 621 et seq.) [210 ILCS 140];
Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;
Any facility licensed by the Department of Mental Health and Developmental Disabilities as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act (Ill. Rev. Stat. 1991, ch. 91 1/2, ~~par.~~ pars. 1701 et seq.) [210 ILCS 135]; or
Any supportive residence licensed under the Supportive Residences Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 9001 et seq.) [210 ILCS 65]. (Section 1-113 of the Act)

Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in these standards is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance, and personal care and oversight.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide

adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full-time - means on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 (Ill. Rev. Stat. 1991, ch. 110 1/2, ~~par.~~ pars. 1-1 et seq.) [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation, under the General Not For Profit Corporation Act of 1986 (Ill. Rev. Stat. 1991, ch. 32, ~~par.~~ pars. 101.01 et seq.) [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code (Ill. Rev. Stat. 1991, ch. 34, ~~par.~~ pars. 5-22001 et seq.) [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes; and which provides maintenance, personal care, nursing or sheltered care to three or more residents, 90 percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

~~House--Manager-----a-qualified-person-on-duty-40-hours-a-week-managing~~

~~the Community Living Facility and responsible for its operation and its inhabitants.~~

Individual Educational Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in this Part means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1985 Edition).

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for The Developmentally Disabled (ICF/DDs) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and care givers as determined by the resident's needs. The resident or his or her guardian may also invite other individual to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 3651 et seq.) [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a ~~devices~~ device such as a ~~walkers~~ walker, crutches, a ~~wheelchairs~~ wheelchair, ~~and~~ or a wheeled ~~platforms~~ platform.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive ~~devices~~ device such as a ~~walkers~~ walker, crutches, a ~~wheelchairs~~ wheelchair, ~~and~~ or a wheeled ~~platforms~~ perform.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

~~Multidisciplinary---see-Interdisciplinary--Team.~~

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act)

Neglect means:

The failure to provide adequate medical or personal care or

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maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. This shall include any allegation where:

the alleged failure causing injury or deterioriation is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behaviour or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 3501 et seq.) [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - ~~Any~~ any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no more than 75 beds, none of which are more than 120 feet from the nurse's station.

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Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered with the Department of Professional Regulation as an occupational therapist under the Illinois Occupational Therapy Practice Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 3701 et seq.) [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered with the Department of Professional Regulation as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate ~~action~~ reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing, or other personal needs, or maintenance or general supervision and oversight of the physical and mental well-being of an individual, ~~exclusive of nursing, who, because of age, physical or mental disability, emotional or behavior disorder, or mental retardation~~ is incapable of maintaining a private, independent residence, or who is

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incapable of managing his person whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 4121 et seq.) [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered with the Department of Professional Regulation as a physical therapist under the Illinois Physical Therapy Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 4251 et seq.) [225 ILCS 90].

Physician - any person licensed by the State of Illinois to practice medicine in all its branches as provided in the Medical Practice Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 4400-1 et seq.) [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

~~Program Coordinator - a qualified person directly responsible for the overall program, operation and management of a Community Living Facility.~~

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed by the Illinois Department of Professional Regulation to practice clinical psychology under the Clinical Psychologist Licensing Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 5351 et seq.) [225 ILCS 15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational specialty area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

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Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, or certified by the State of Illinois, if required.

Reasonable visiting hours - any time between the hours of 10:00 a.m. and 8:00 p.m. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid Illinois license from the Illinois Department of Professional Regulation to practice as a registered professional nurse under the Illinois Nursing Act of 1987 ~~(Ill. Rev. Stat. 1991, ch. 111, par. 3501 et seq.)~~.

Repeat Violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

~~Restraint-----any--physical,-mechanical,-or-chemical-means,-or-the-use thereof,-that--restricts-movement-of-the-limbs,-head,-or---body--of--a resident,--except--when--used--as--a---safety--device--or-as-part-of-a medically-prescribed-procedure--for--the--treatment--of--an---existing physical--disorder--or--the---amelioration--of-a-physical-or-emotional handicap.~~

~~Mechanical-restraint-is-any-mechanical--device,-or--use--thereof, that-so-restricts-movement.~~

~~Physical--restraint--is--the-use-of-personal--human-force-that-so restricts-movement.~~

~~Chemical-restraint-is-the-use-of-any--chemical-that-so--restricts movement.~~

~~Mechanical--supports--used--to--achieve-proper--body-position-and balance-are-not--restraints.-The-partial-or-total--immobilization of-a-resident-for-the-purpose--of-performing--a--medical/surgical procedure--is-not-restraint.~~

~~Restriction-----the-placement-of-a-limitation--on-a-resident's-rights, which-includes-the--use-of-restraints,-confinement,-aversive--stimuli, and-time-out-exceeding-15-minutes-at-any-one-time.~~

Restraint of a Resident - the use of a physical or chemical restraint.

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

~~Safety-Device---any-equipment-or-protective--device--used--on--a--bed, chair,--or--resident---which--prevents--him--from-falling-or-otherwise injuring-himself.-Examples-are:--bedside-rails,-geriatric-or--adaptive chairs,-a-wide-band,-vest-or-sheet-applied-to-prevent-falling-out-of-a bed-or-chair,-and-hand-socks-applied-to--prevent-injuring-one's-self.~~

Sanitization - the reduction of pathogenic organisms on a utensil

surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room which the resident cannot open.

Self Preservation - the ability to follow directions and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker, Qualified - A person who:

is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 6351 et seq.) [225 ILCS 20]~~,~~. and

~~is-a-graduate-of-a-school-of-social-work--which-has-been-approved by-the-Council--on---Social--Work--Education--(some--schools--are approved--for--Bachelor's-Degree-programs-and--others-for-Masters Degree),-and~~

~~has-one-year-of-social-work-experience--in-a-health-care-setting.~~

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Story - when used in this Part means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution; or

immediately succeeds a full quarter, semester or trimester of

academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Compliance - meeting requirements except for variance from the strict and literal performance, which results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections ~~390.200(q)(8),--390.200(k)(2)--and--390.200(k)(4),~~ 390.140(a)(3) and 390.150(a)(3).

Substantial ~~failure~~ Failure - the failure to meet requirements other than a variance from the strict and literal performance, which results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section ~~390.100(b)(1)-and-390.260(f),~~ 390.165(b)(1).

Sufficient - Same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in this Part, the supervisor must be on the premises if the person does not meet assistant level (two-year training program) qualifications specified in these definitions.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Unit - an entire physically identifiable residence area, ~~in-Community living---Facilities--consisting-of-not-less-than-five-nor-more-than-20 beds,-and~~ having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

SUBPART E: HEALTH AND DEVELOPMENTAL SERVICES

Section 390.1040 Nursing Services

a) The facility shall have a written program of Nursing Services, providing for a planned medical program, encompassing nursing treatments, rehabilitation and habilitation nursing, skilled observations, and ongoing evaluation and coordination of the resident's individual habilitation plan.

b) There shall be a sufficient number of nursing and auxiliary personnel on duty 24 hours each day to provide adequate and properly supervised nursing services to meet the nursing needs of the residents. There shall be at least one registered nurse seven days a week ~~on-the-day shift~~, for 8 consecutive hours. There shall be at least one registered nurse or licensed practical nurse on duty at all times and on each floor housing residents. Nursing staff personnel shall include registered professional nurses, licensed practical nurses, and auxiliary personnel as defined in Section 390.330 of this Part. ~~(A,-B)~~

c) ~~Director--of-Nursing-Service.~~ There shall be a director of nursing who shall be a registered nurse. ~~(B)~~

d) The director of nursing shall have knowledge and training in nursing

service administration, restorative and habilitative nursing. ~~(B)~~

e) The director of nursing shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. At least 50 percent of this person's hours shall be regularly scheduled some time between 7 A.M. and 7 P.M. ~~(B)~~

1) A facility may, with written approval from the Department, have two registered nurses share the duties of this position if it is unable to obtain a full-time person. Such an arrangement will be granted approval only through written documentation that the facility was unable to obtain the full-time services of a qualified individual to fill this position. Such documentation shall include, but not be limited to: an advertisement that has appeared in a newspaper of general circulation in the area for at least three weeks; the names, addresses and phone numbers of all persons who applied for the position and the reasons why they were not acceptable or would not work full-time; and information about the number and availability of registered nurses in the area. The Department will grant approval only when such documentation indicates that there were no qualified applicants who were willing to accept the job on a full-time basis, and the pool of registered nurses available in the area cannot be expected to produce, in the near future, a qualified person who is willing to work full-time. If two persons are to share the position, one shall be designated the Director of Nursing Services and the other shall be designated the Assistant Director of Nursing Services. Both of these persons shall be R.N.s.

2) In facilities with a capacity of less than 50 beds, this person (or these persons), may also provide direct patient care, and this person's time may be included in meeting the staff/resident ratio requirements.

f) In facilities of 100 occupied beds or more, there shall be an assistant director of nursing who is a registered nurse licensed to practice in Illinois. The assistant must meet the qualifications specified in subsection (d) of this Section. ~~(B)~~

g) The assistant director of nursing shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. The assistant need not work on the day shift but may be assigned to any shift. ~~(B)~~

h) The assistant director of nursing shall assist the director in carrying out her responsibilities. ~~(B)~~

i) The responsibilities of the director of nursing shall include, at a minimum, the following: ~~(B)~~

1) Assigning and directing the activities of nursing and auxiliary service personnel.

2) Planning an up-to-date resident care plan for each resident in cooperation with the interdisciplinary team based on individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Services such as nursing, developmental, activities, dietary, and such other modalities as

are ordered by the physician, shall be reflected in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed every three months.

3) Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their recruitment and selection and recommending termination of employment when necessary.

4) Participating in planning and budgeting for nursing services including purchasing of necessary equipment and supplies.

5) Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing and auxiliary personnel.

6) Coordinating health services and nursing services with other resident care services such as medical, pharmaceutical, dietary activities, and any other restorative and habilitative services offered.

7) Planning of inservice education, embracing orientation, skill training, and ongoing education for all nursing personnel covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative and habilitative nursing techniques through out-of-facility or in-facility training programs. The director of nursing may conduct these programs personally or see to it that they are carried out.

8) Participating in the development and implementation of resident care policies and bringing resident care problems, requiring changes in policy, to the attention of the facility's policy development group. (See Section 390.610(a).)

9) Participating in the screening of prospective residents and their placement in terms of services they need and nursing competencies available.

j) ~~Nursing, Personal, Habilitative Rehabilitative Care.~~ Nursing care (including personal, habilitative and rehabilitative care measures) shall be practiced on a 24 hour, seven day a week basis in the care of residents. Those procedures requiring medical approval shall be ordered by the attending physician. ~~(B)~~

k) Nursing care shall include at a minimum the following:

1) All medications including oral, rectal, hypodermic, and intra-muscular shall be properly administered. ~~(A, B)~~

2) All treatment such as: enemas, irrigations, catherizations, applications of dressing or bandages, supervision of special diets, restorative and habilitative measures in Section 390.1620(a)(11) and other treatments involving a like level of skill, shall be properly administered. ~~(A, B)~~

3) All objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing

and determining care required and the need for further medical, nursing or psychosocial evaluation and treatment shall be provided. {B}

l) Each resident shall have his temperature taken daily unless otherwise ordered by the physician. If the temperature varies two degrees from the normal for the resident, the physician shall be notified. {B}

m) Skin care shall be given to prevent pressure sores, heat rashes or other skin breakdown. Each resident with pressure sores, heat rashes or other skin breakdown shall be checked at least every two hours and given care as needed including clothing and diaper change. Skin care shall be given with each diaper change. {B}

n) Skin care should be provided as follows: {B}

1) Bathing, clean linens, diapers, and clothing each time the bed or clothing is soiled. Rubber, plastic, or other types of linen protectors (newspapers not acceptable) shall be properly cleaned and completely covered to prevent direct contact with the resident. If rubber, plastic, or other type of waterproof materials are used for protective pants, they shall not come in direct contact with the resident. Special attention shall be given to the skin to prevent irritations, skin rashes, or ulcerations. {B}

2) Assistance in being up and out of bed as much as the condition of the resident permits. The resident may be denied this assistance only upon the written order of his physician. If the resident cannot move himself, he shall have his position changed every two hours or more as necessary.

o) All necessary precautions shall be taken to assure the safety of residents at all times, such as: nonslip wax on floors, ~~side-rails on-beds~~, safe equipment and assistive devices properly maintained, and proper use of ~~safety-devices~~ side rails on beds and restraints. (See Section 390.2020(a)(2).) {A, B}

p) Each resident shall perform all of the following personal care functions independently if possible. If unable to do so, assistance shall be provided by staff. {B}

1) Each resident shall bathe as often as necessary, but at least daily.

2) Each resident shall change clothing as often as necessary, but at least daily.

3) Each resident shall shampoo as often as necessary, but at least weekly.

4) Each resident shall clean and trim fingernails and toenails as often as necessary but at least weekly.

5) Each resident shall perform oral hygiene as often as necessary, but at least daily.

6) Each female resident shall be provided with commercial sanitary napkins during menses. Frequent cleansing of the perineal area shall be performed.

q) Haircuts shall be provided as needed. Socially acceptable hair styles and the wishes of the resident must be taken into consideration. {B}

r) Each resident shall dress in street clothing and be out of bed at all times other than regularly scheduled sleeping or napping hours, unless contraindicated. {B}

s) Adaptive equipment shall be provided to ensure the safety of the resident (such as seat belts, helmets, mitts, and special padding). {B}

t) Each resident shall be weighed upon admission and at least once a week thereafter unless otherwise ordered in writing by the physician. Any significant change shall be reported to the attending physician and dietitian. {B}

u) Each resident shall be encouraged and, if necessary, assisted in maintaining good body alignment while lying in bed, sitting or standing, through proper positioning and turning. {B}

v) Each resident shall be assisted in maintaining maximum joint range of motion, and active range of motion through proper exercises. {B}

w) Each resident shall be trained and encouraged to adopt food habits as near as possible to normal. Residents shall receive solids, unless otherwise ordered in writing by the physician. Each resident shall eat in ~~an~~ as upright a position as possible and out of bed unless contraindicated. {B}

x) Each incontinent resident shall be assisted in regaining bowel and bladder patterns through proper bowel and bladder training or retraining. The use of indwelling catheters shall be discouraged. {B}

y) All residents shall be encouraged and, when necessary, taught to function at their maximum level in all activities of daily living for as long as and to the degree that they are able. {B}

z) All residents shall be assisted and encouraged with daily ambulation unless otherwise ordered by the physician. {B}

aa) All residents shall be taught and assisted with safe transfer activities in an effort to help them retain, regain, or gain their maximum level of independence. {B}

bb) ~~Staffing.~~ Staffing shall be based on the needs of the residents, and shall be determined by figuring the number of hours of personal and habilitative time each resident needs on each shift of the day. This determination shall be made separately for both licensed nursing personnel and other personal and habilitative care personnel. Personal and habilitative personnel may include, in addition to licensed nurses, such persons as aides, orderlies, therapists, teachers, and any other person providing direct habilitative care to residents. {A, B}

1) In a facility whose residents participate in regularly scheduled therapeutic programs outside the facility, such as school or sheltered workshops, the minimum hours of care that must be provided are reduced proportionately.

2) It is the responsibility of each facility to determine the staffing needed to meet the needs of its residents. It is the responsibility of the Department to verify that the staffing provided by the facility is sufficient to meet the needs of the residents.

3) The following figures apply to hours of care actually provided and not to hours of care scheduled to be provided.
4) Each resident shall be provided with a minimum of four hours of personal and habilitative care each day. The director of nursing shall not be included in hours of personal and habilitative care provided.
5) The facility shall schedule personnel in such a manner that the needs of all residents are met. At least 30 percent of the minimum required hours shall be on the day shift, at least 30 percent of the minimum required hours shall be on the evening shift, and at least ten percent of the minimum required hours shall be on the night shift. The total percentage must add up to 100 percent each day. At least 12.5 percent of the hours of care provided on each shift must be by licensed nursing personnel. Licensed nursing personnel may be used to replace other personal and habilitative care staff if the needs of the residents are met by such staffing.
6) Staffing Calculations
   A) When computing the number of staff hours needed per shift, any figure less than .25 will be dropped from the computation and any figure of .75 or higher will go to the next higher number. Figures in between .25 and .75 will require at least the amount of coverage indicated: .25 will require two hours of coverage; .3 will require two and one half hours of coverage; .5 will require four hours of coverage; .6 will require five hours of coverage; .74 will require six hours of coverage; .75 or higher will require eight hours of coverage.
   B) These hours may be provided by: a part-time person working those hours only on that shift each day; a full-time person working a shift that spans two regular shifts - i.e. (such as from 12 noon to 8 P.M.); or by an additional full-time person on the shift. However, these figures are minimal staffing requirements, and it is recommended that a full-time person be provided.

~~cc) Additional requirements.~~ In addition to the other requirements of this Section, the following also apply:

1) There shall be a licensed nurse designated as being in charge of nursing services on all shifts when neither the director of nursing or assistant director of nursing are on duty. If registered nurses and licensed practical nurses are on duty on the same shift, this person shall be a registered nurse. This person may be a charge nurse on one of the nursing units.
2) There shall be at least one person awake, dressed and on duty at all times in each separate nursing unit. ~~(A, B)~~
3) There shall be at least one registered nurse on duty seven days per week, 8 consecutive hours. ~~(A, B)~~
4) There shall be at least one registered nurse or licensed practical nurse on duty at all times. ~~(A, B)~~

5) There shall be at least one registered nurse or licensed practical nurse on duty on each floor housing residents. ~~(A, B)~~
6) The need for licensed nurses on each nursing unit will be determined on an individual case basis, dependent upon the individual situation. If such additional staffing is required, the Department will inform the facility in writing of the kind and amount of additional staff time required, and the reason why it is needed.
7) The need for an additional licensed nurse to serve as a "house supervisor" will be determined on an individual case basis. If the Department determines that there is a need for a registered nurse on certain shifts whose sole duties will consist of supervising the nursing services of the facility, the Department shall notify the facility in writing when and why such a person is needed. This person shall not perform the duties of a charge nurse while serving as the "house supervisor".

(Source: Amended at 18 Ill. Reg. _____, effective _____)

SUBPART F: RESTRAINTS ~~AND SAFETY DEVICES~~ AND BEHAVIOR MANAGEMENT ~~AND BEHAVIOR EMERGENCIES~~

Section 390.1310 Restraints and Safety Devices

a) ~~There shall be~~ The facility shall have written policies ~~which are followed in the operation of the facility~~ covering controlling the use of restraints including but not limited to leg restraints, arm restraints, hand mitts, soft ties or vest, wheelchair safety bars and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints and confinements. (B)

~~b) Restraints and confinements, as defined in Section 390.330, shall not be used except in an emergency or as an integral part of an individual Behavior Program ordered by a physician. The emergency use of mechanical or chemical restraints requires the written order of a physician. (See subsection (c) of this Section). Neither confinements nor restraints shall be used to punish or discipline a resident or as a convenience to the staff. (Safety devices such as vests, elbow cuffs, mittens, enclosed cribs or playpens or other devices ordered by the physician may be applied to prevent a resident from falling or injuring himself.) (B)~~

~~c) There shall be written policies which are followed in the operation of the facility, controlling the use of safety devices. These~~

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~~policies shall be developed by the medical advisory committee with participation by nursing and administrative personnel.~~ ~~(B)~~

~~d) All safety devices shall be used only upon written order of the attending physician and for the safety and security of the residents. In an emergency a telephone order is acceptable if taken as specified in Section 390.1420(a).~~ ~~(B)~~

~~e) The reasons for ordering and using safety devices shall be recorded in the resident's clinical record. The recordings shall contain ongoing evaluations of need for the safety devices and the measures being taken to reduce or eliminate the need for their use.~~

~~f) A resident wearing a safety device shall have it released for a few minutes at least once every two hours, or more often if necessary unless otherwise ordered by a physician. Residents in orthepedic chairs shall be removed from such chairs for at least ten minutes every two hours or more often and assisted to ambulate if necessary and their physical condition permits. The resident's position shall be changed at these times, and good skin care or other nursing needs provided.~~ ~~(B)~~

bg) No safety device restraints with locks shall be used. ~~(B)~~

c) Physical restraints shall not be used on a resident for the purpose of discipline or convenience.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 390.1312 Nonemergency Use of Restraints

a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:

1) the assessment of the resident's capabilities and an evaluation and trial of less restrictive alternatives that could prove effective;

2) the assessment of a specific medical symptom, including life saving treatment, that requires the use of restraints, those symptoms being treated and how the use of restraints will assist the resident in reaching his or her *highest practicable physical, mental or psychosocial well being:*

3) consultation with appropriate health professionals, such as occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and

4) demonstration by the care planning process that using a restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the *highest practicable physical mental or psychosocial well being.* (Section 2-106(c) of the Act, as added by P.A. 88-413, effective August 20, 1993)

b) *A restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106(c) of the Act, as added by P.A. 88-413, effective August 20, 1993) Informed consent includes information about potential negative outcomes of the use of a particular restraint, including restraint use, which might include incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact.

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c) Use of a restraint may only be authorized for a specified period of time. The effectiveness of the restraint in treating medical symptoms or as a therapeutic intervention, and any negative impact on the resident, shall be assessed by the facility throughout the period of time the restraint is used.

d) After the authorized period for use of a restraint has expired, information about the actual effectiveness of the restraint in treating the resident's medical symptoms or as a therapeutic intervention and about any actual negative impact on the resident shall be given to the resident, resident's guardian, or other authorized representative before the facility secures an informed consent for an additional period of time.

e) *A restraint may be applied only by* staff *trained in the application of the particular type of restraint.* (Section 2-106(d) of the Act, as added by P.A. 88-413, effective August 20, 1993)

f) *Whenever a period of use of a restraint is initiated, the resident shall be advised of his or her right to have a person or organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the restraint, whether or not the guardian approved the notice.* A period of use of a restraint is initiated when a particular restraint is applied to a resident for the first time under a new or renewed authorization for the use of that restraint. *If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted.* (Section 2-106(e) of the Act, as added by P.A. 88-413, effective August 20, 1993)

g) *Whenever a restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the resident or others.* (Section 2-106(f) of the Act, as added by P.A. 88-413, effective August 20, 1993)

h) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the progressive removal of restraints or the progressive use of less restrictive means.

i) A resident wearing a restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, the resident shall be assisted with ambulation, as

their condition permits, and provided a change in position, skin care and nursing care, as appropriate.

j) No form of seclusion shall be permitted.

(Source: Added at 18 Ill. Reg. _____, effective _____)

Section 390.1314 Emergency Use of Restraints

a) *If a resident needs emergency care restraints may be used for brief periods to permit treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of the treatment in questions.* (Section 2-106(c) of the Act, as added by P.A. 88-413, effective August 20, 1993)

b) For this Section only, "emergency care" means the unforeseen need for immediate treatment inside or outside the facility that is necessary to:

1) save the resident's life;

2) prevent the resident from doing serious mental or physical harm to himself/herself; or

3) prevent the resident from injuring another individual.

c) If a resident needs emergency care and other less restrictive interventions have proved ineffective, a restraint may be used briefly to permit treatment to proceed. The attending physician shall be contacted immediately for orders. If the attending physician is not available, the facility's advisory physician or medical Director shall be contacted. If a physician is not immediately available, a nurse with supervisory responsibility may approve, in writing, the use of physical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician as soon as possible, but no later than within eight hours. The resident must be in view of a qualified staff person at all times the restraint is in place until the resident has been examined by a physician. The resident's needs for toileting, ambulation, hydration, nutrition, repositioning, and skin care must be met during the temporary restraint.

d) The emergency use of a restraint must be documented in the resident record, including:

1) the behavior incident that prompted the use of the restraint;

2) the date and times the restraint was applied and released;

3) the name and title of the person responsible for the application and supervision of the restraint;

4) the action by the resident's physician upon notification of the restraint use;

5) the new or revised orders issued by the physician;

6) the date of the scheduled care planning conference or the reason a care planning conference is not needed, in light of the resident's emergency need for restraints.

e) The facility's use of restraints shall comply with Sections 390.1310(b) and (c) and 390.1312(b), (e), (f), (g), and (j).

(Source: Added at 18 Ill. Reg. _____, effective _____)

Section 390.1316 Unnecessary, Psychotropic, and Antipsychotic Drugs

a) *A resident shall not be given unnecessary drugs* in accordance with Section 390.Appendix C. In addition, *an unnecessary drug is any drug used:*

1) *in an excessive dose, including in duplicative therapy;*

2) *for excessive duration;*

3) *without adequate monitoring;*

4) *without adequate indications for its use; or*

5) *in the presence of adverse consequences that indicate the drugs should be reduced or discontinued.* (Section 2-106.1(a) of the Act)

b) *Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106.1(b) of the Act, as added by P.A. 88-413, effective August 20, 1993)

c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific condition as diagnosed and documented in the clinical record in accordance with Section 390.Appendix C.

d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these drugs in accordance with Section 390.Appendix C.

e) For the purposes of this Section:

1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, that have a sedative effect.

2) "Psychotropic medication" *means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest editions of the AMA Drug Evaluations or the Physician's Desk Reference or* Drug Evaluation Subscription, American Medical Association, Vols. 1-111, Summer, 1993. (Section 2-106.1(b) of the Act, as added by P.A. 88-413, effective August 20, 1993)

3) "Antipsychotic Drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.

(Source: Added at 18 Ill. Reg. _____, effective _____)

Section 390.1320 Behavior Management

a) Behavior management shall be conducted under the direction of a psychologist or Qualified Mental Retardation Professional with a behavior science education and one year of experience in behavior management.

b) The facility shall have written policies and procedures concerning behavior management as needed to meet the needs of the residents. These policies shall be directed to maximizing the growth and development of the resident and shall emphasize positive approaches. These policies shall contain at a minimum:
   1) A hierarchy of available methods from least to most restrictive.
   2) Policies that define the use of Individual Behavior Programs, the persons qualified to authorize them, and a mechanism for monitoring and controlling their use.

c) An Individual Behavior Program shall be developed for each resident, if deemed necessary by the facility's psychologist or Qualified Mental Retardation Professional. All Individual Behavior Programs shall be designed to facilitate the development of adaptive behaviors, replace maladaptive behaviors with those that are more adaptive and appropriate, and channel maladaptive behavior into more appropriate modes of expression. They shall utilize the least restrictive methods that are effective. When positive reinforcement is used solely for the purpose of improving adaptive or acceptable behavior, an Individual Behavior Program is not required. ~~(B)~~

d) Each Individual Behavior Program shall be reviewed and approved by the interdisciplinary team, which must include, for this review, a psychologist or a Qualified Mental Retardation Professional with a behavior science education and one year of experience in behavior management.

e) Each Individual Behavior Program shall specify:
   1) the behavior objectives of the program;
   2) the method to be used;
   3) the schedule for the use of the method;
   4) the person responsible for the program;
   5) the data to be collected to assess progress toward the objectives.

f) Each Individual Behavior Program shall be available in the appropriate program and living areas, and to the resident and his family.

g) The facility shall not permit residents to discipline other residents. ~~(B)~~

h) The facility shall maintain records of significant maladaptive behavior and the action taken by staff as a consequence of such behavior.

i) When food is provided as part of a behavior management program, its effect on nutrition and dental status shall be determined and considered. Such programs shall not employ, or result in, denial of a nutritionally adequate diet. ~~(B)~~

j) When restriction is used for behavior management: ~~(B)~~
   1) It may be utilized only as an integral part of an Individual Behavior Program and shall be designed to lead to a less restrictive way of managing and ultimately eliminating the maladaptive behavior for which the restriction was employed, except in an emergency.
   2) The facility shall obtain a written order approving the Individual Behavior Program from a physician. The order shall describe the restrictions to be used.
   3) The events leading up to the need for restriction shall be recorded in the resident's clinical record.
   4) The resident's record shall document the fact that less restrictive methods of modifying or replacing the behavior have been systematically tried and have been demonstrated to be ineffective.
   5) The informed consent of the resident, resident's guardian, or parent of a minor resident, as applicable, to the use of the Individual Behavior Program, shall be obtained before implementation of the program.
   6) The Individual Behavior Program shall, in addition to any other requirements of this Section 390.1320, specify the behavior to be modified and shall include explicit provision for gradual diminishing of the use of restriction and ultimate discontinuation of usage.
   ~~7) Any--Individual--Behavior--Program-utilizing--chemical-restraints shall-specify-a-time--limit-not-to-exceed-30-days.--The---program may-be-renewed-only-on-the-order-of--a-physician,-for-periods-not to-exceed-30-days-at-any-one-time.~~
   8) Each use of restriction shall be recorded immediately in the resident's clinical record.
   9) Aversive stimuli may be used only in an extreme last resort situation in which withholding it would be contrary to the best interest of the resident because his behavior is dangerous to himself or others and is extremely detrimental to his development. The resident's record shall document the fact that less restrictive methods have been systematically tried and have been demonstrated to be ineffective. ~~(B)~~

k) When time out is used for behavior management: ~~(B)~~
   1) It may be utilized only as an integral part of an Individual Behavior Program.
   2) It may not include the use of seclusion.
   3) The resident may be retained in a given area for a brief period of time. An open-top enclosure in which the resident can move freely and can see either over or through the sides may be utilized. A chair or mat must be provided, as appropriate.
   4) Time out for more than 15 minutes at any one time, for more than a total of 30 minutes in any one hour period, or for more than a total of two hours in any eight hour period, shall be effected only upon the written order, on each occasion, of the facility

administrator or other designated supervisory or professional personnel. Consecutive periods of time out separated by less than five minutes shall be considered as a single period of time out. The order shall state in detail the reason for the time out and may not be for a period of more than one hour. No order for further time out may be written unless the facility administrator or designated supervisory personnel on duty at the time has reviewed the situation with the staff and has documented the need for another period of time.

5) When time out exceeds 15 minutes at any one time, the situation shall be reviewed at least every 15 minutes by the facility administrator or designated supervisory personnel.

6) A staff member shall be assigned to visually check on each person in time out at least every 15 minutes.

7) A record must be kept for each period of time out. Each time a resident is placed in time out, entries shall be made, either in a separate log kept for this purpose or in the resident's record. For time out periods of 15 minutes or less, the following entries shall be made: name, number of periods of time out in a specified block of time (not to exceed four hours). For time out periods of more than 15 minutes, the following entries shall be made: resident's name, time in, time out, name of authorized person signing written order for time out, reason resident was placed in time out, and signature of staff member requesting time out. Staff member assigned to fifteen (15) minute checks must sign the log as the time checks are made, recording the time and the resident's condition.

8) All safety precautions shall be observed so that the resident ~~patient~~ cannot injure himself while in "time out." ~~(A,B)~~

l) When behavior management is used to alleviate significant, chronic maladaptive behavior in a resident, it may be utilized only as an integral part of an Individual Behavior Program.

m) No form of seclusion shall be permitted. ~~(B)~~

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 390.1330 Behavior Emergencies (Repealed)

~~a) There shall be written policies which are followed in the operation of a facility when a behavior emergency occurs. (B)~~

~~b) If a resident becomes unmanageable, the attending physician shall be contacted immediately and the resident shall be examined by the physician as soon as possible. (B)~~

~~c) Mechanical or chemical restraints shall be used in a behavior emergency only upon a physician's order. The resident shall be examined by the physician within 48 hours from the time the restraint has commenced. When the physician is not immediately available, a nurse with supervisory responsibility, or the facility administrator may approve in writing the use of mechanical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician within eight hours, and a written order shall be obtained from the physician within 48 hours. If the original approval was issued by someone who is not a Registered Nurse, the approval is countersigned by a Registered Nurse within eight hours, or the restraint discontinued. (B)~~

~~1) No order for a restraint shall be valid for more than 48 hours. If further restraint is required, a new order must be signed by a physician. (B)~~

~~2) Restraints and confinements may be applied only by personnel trained in proper application and observation of the restraint. (B)~~

(Source: Repealed at 18 Ill. Reg. _____, effective _____)

SUBPART G: MEDICATIONS

Section 390.1420 Conformance with Physician's Orders

a) All medications including cathartics, headache remedies, or vitamins shall be given only upon the written order of a physician. All such orders shall have the handwritten signature of the physician (Rubber stamp signatures are not acceptable.) These medications shall be given as prescribed by the physician and at the designated time. ~~(A, B)~~ Telephone orders may be taken by a registered nurse or licensed practical nurse. All such orders shall be immediately written on the resident's clinical record, or a "telephone order form" and signed by the nurse taking the order. These orders shall be countersigned by the physician within 10 ~~five working~~ days. ~~Facilities participating in Medicare/Medicaid must meet the applicable Federal regulations. (B)~~

b) ~~Review of medication orders:~~ The staff pharmacist or consultant pharmacist shall review the medical record, including physician orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 390.Appendix C, determine if there are irregularities which would cause potential adverse reactions, allergies, interactions, contraindications, or ineffectiveness. This review shall be done at the facility. Documentation of this review must be entered in the resident's clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, and the administrator. ~~(A, B)~~

c) A medication order not specifically limiting the time or number of doses shall be automatically stopped in accordance with written policy approved by the pharmaceutical advisory committee. ~~(B)~~

d) The resident's attending physician shall be notified of medications about to be stopped so that the physician may promptly renew such

orders to avoid interruption of the resident's therapeutic regimen. ~~(B)~~

e) All medications to be released to the resident, or person responsible for his care, at the time of discharge or when the resident is going to be temporarily out of the facility at medication time, (such as when attending a vocational training program or on a week-end pass), shall be approved by the physician. A notation concerning their disposition shall be made on the resident's clinical record.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

SUBPART P: DAY CARE PROGRAMS

Section 390.APPENDIX C Guidelines for the Use of Various Drugs

A. Long-Acting Benzodiazepine Drugs

The following long-acting benzodiazepine drugs should not be used in residents unless an attempt with a shorter-acting drug (i.e., those listed under B. Benzodiazepine or Other Anxiolytic/Sedative Drugs, and under C. Drugs Used for Sleep Induction) has failed.

After an attempt with a shorter-acting benzodiazepine drug has failed, a long-acting benzodiazepine drug should be used only if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Its use results in maintenance or improvement in the resident's functional status;
3. Daily use is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful; and
4. Its use is less than, or equal to, the following listed total daily doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the maintenance, or improvement in the resident's functional status.

LONG-ACTING BENZODIAZEPINES

Generic	Brand	Daily Oral Dosage
Flurazepam	(Dalmane)	15mg
Chlordiazepoxide	(Librium)	20mg
Clorazepate	(Tranxene)	15mg
Prazepam	(Centrax)	15mg
Diazepam	(Valium)	5mg
Clonazepam	(Klonopin)	1.5mg
Quazepam	(Doral)	7.5mg

NOTES: When diazepam is used for neuromuscular syndromes (e.g., cerebral palsy, tardive dyskinesia or seizure disorders), this guideline does not apply.

When long-acting benzodiazepine drugs are being used to withdraw residents from short-acting benzodiazepine drugs, this guideline does not apply.

When clonazepam is used in bi-polar disorders, management of tardive dyskinesia, nocturnal myoclonus or seizure disorders, this guideline does not apply.

The daily doses listed under Long-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is "clinically contraindicated."

B. Benzodiazepine or other Anxiolytic/Sedative Drugs

Use of the listed Anxiolytic/Sedative drugs for purposes other than sleep induction should only occur if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;

2. Use results in a maintenance or improvement in the resident's functional status;

3. Daily use (at any dose) is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful;

4. Use is for one of the following indications as defined by the Diagnostic and Statistical Manual of Mental Disorders (third edition - revised) or subsequent editions:
   Generalized anxiety disorder;
   Organic mental syndromes (including dementia) with associated agitated states which are quantitatively and objectively documented and which constitute sources of distress or dysfunction to the resident or represent a danger to the resident or others;
   Panic disorder;
   Symptomatic anxiety that occurs in residents with another

diagnosed psychiatric disorder (e.g., depression, adjustment disorder); and

5. Use is equal to or less than the following listed total daily doses, unless higher doses (as evidenced by the resident response and/or the resident's clinical record) are necessary for the improvement or maintenance in the resident's functional status.

SHORT-ACTING BENZODIAZEPINES

Generic	Brand	Daily Oral Dosage
Lorazepam	(Ativan)	2mg
Oxazepam	(Serax)	30mg
Alprazolam	(Xanax)	0.75mg
Halazepam	(Paxipam)	40mg

OTHER ANXIOLYTIC AND SEDATIVE DRUGS

Generic	Brand	Daily Oral Dosage
Buspirone HCl	(BuSpar)	30mg
Diphenhydramine	(Benadryl)	50mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	750mg

NOTES: The daily doses listed under Short-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that a gradual dose reduction is "clinically contraindicated."

Diphenhydramine, hydroxyzine and chloral hydrate are not necessarily drugs of choice for treatment of anxiety disorders. They are only listed here in the event of their potential use.

C. Drugs Used for Sleep Induction

Drugs used for sleep induction should only be used if:

1. Evidence exists that other possible reasons for insomnia (e.g., depression, pain, noise, light, caffeine) have been ruled out;

2. The use of a drug to induce sleep results in the maintenance or improvement of the resident's functional status;

3. Daily use of the drug is less than ten continuous days unless an attempt at a gradual dose reduction is unsuccessful;

4. The dose of the drug is equal or less than the following listed doses unless higher doses (as evidenced by the resident response and/or the resident's clinical record) are necessary for maintenance or improvement in the resident's functional status.

HYPNOTIC DRUGS

Generic	Brand	Oral Dosage
Temazepam	(Restoril)	15mg
Triazolam	(Halcion)	0.125mg
Lorazepam	(Ativan)	1mg
Oxazepam	(Serax)	15mg
Alprazolam	(Xanax)	0.25mg
Halazepam	(Paxipam)	20mg
Diphenhydramine	(Benadryl)	25mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	500mg

NOTES: Diminished sleep in the elderly is not necessarily pathological.

The doses listed are doses for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

Diphenhydramine, hydroxyzine, and chloral hydrate are not necessarily drugs of choice for sleep disorders. They are listed here only in the event of their potential use.

For drugs in this category, a gradual dose reduction should be attempted at least three times within six months before one can conclude that a gradual dose reduction is "clinically contraindicated."

D. Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs

The initiation of the following hypnotic/sedative/anxiolytic drugs should not occur in any dose for any resident. (See Notes for exceptions.) Residents currently using these drugs or residents admitted to the facility while using these drugs should receive

gradual dose reductions as part of a plan to eliminate or modify the symptoms for which they are prescribed. A gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is clinically contraindicated. Newly admitted residents using these drugs may have a period of adjustment before a gradual dose reduction is attempted.

(Caution: The Rapid withdrawal of these drugs might result in severe physiological withdrawal symptoms.)

BARBITURATES (EXAMPLES)

Generic	Brand
Amobarbital	(Amytal)
Butabarbital	(Butisol, others)
Pentobarbital	(Nembutal)
Secobarbital	(Seconal)
Phenobarbital	(Many Brands)
Amobarbitol-Secobarbital	(Tuinal)
Barbiturates with other drugs	(e.g., Fiorinal)

MISCELLANEOUS HYPNOTIC/SEDATIVE/ANXIOLYTICS

Generic	Brand
Glutethimide	(Doriden)
Methprylon	(Noludar)
Ethchlorvynol	(Placidyl)
Meprobamate	(Equinal, Miltown)
Paraldehyde	(Many Brands)

NOTES: Amobarbital is excepted from this Guideline when used as a single dose sedative for dental or medical procedures.

Phenobarbital is excepted from this Guideline when used in the treatment of seizure disorders.

When Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs are used outside these Guidelines, they may be unnecessary drugs as a result of inadequate indications for use.

E. Antipsychotic Drugs

The following examples of antipsychotic drugs should not be used in excess of the listed doses for residents with organic mental syndromes (e.g., dementia, delirium) unless higher doses (as evidenced by the resident's response or the resident's clinical record) are necessary

to maintain or improve the resident's functional status.

ANTIPSYCHOTIC DRUGS FOR RESIDENTS WITH ORGANIC MENTAL SYNDROMES

Generic	Brand	Daily Oral Dosage
Chlorpromazine	(Thorazine)	75 mg
Promazine	(Sparine)	150 mg
Triflupromazine	(Vesprin)	20 mg
Thioridazine	(Mellaril)	75 mg
Mesoridazine	(Serentil)	25 mg
Acetophenazine	(Tindal)	20 mg
Perphenazine	(Trilafon)	8 mg
Fluphenazine	(Prolixin, Permitil)	4 mg
Trifluoperazine	(Stelazine)	8 mg
Chlorprothixene	(Taractan)	75 mg
Thiothixene	(Navane)	7 mg
Haloperidol	(Haldol)	4 mg
Molindone	(Moban)	10 mg
Loxapine	(Loxitane)	10 mg
Clozapine	(Clozaril)	50 mg
Prochlorperazine	(Compazine)	10 mg

NOTES: The doses listed are daily doses (usually administered in divided doses) for residents with organic mental syndromes. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it is necessary for the maintenance or improvement in the resident's functional status.

The "specific conditions" for use of antipsychotic drugs are listed under this Guideline, item G.

The dose of prochlorperazine may be exceeded for short term (seven day) treatment of nausea and vomiting.

When antipsychotic drugs are used outside these Guidelines, they may be deemed unnecessary drugs as a result of excessive dose.

F. Monitoring for Antipsychotic Drug Side Effects

The facility assures that residents who are undergoing antipsychotic drug therapy receive adequate monitoring for significant side effects of such therapy with emphasis on the following:

1. Tardive dyskinesia;
2. Postural (orthostatic) hypotension;

3. Cognitive/behavior impairment;
4. Akathisia; and
5. Parkinsonism.

When antipsychotic drugs are used without monitoring for these side effects, they may be unnecessary drugs because of inadequate monitoring.

G. Use of Antipsychotic Drugs

Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions":

1. Schizophrenia;
2. Schizo-affective disorder;
3. Delusional disorder;
4. Psychotic mood disorders (including mania and depression with psychotic features);
5. Acute psychotic episodes;
6. Brief reactive psychosis;
7. Schizophreniform disorder;
8. Atypical psychosis;
9. Tourette's disorder;
10. Huntington's disease;
11. Organic mental syndromes (including dementia and delirium) with associated psychotic and/or agitated behaviors:
    a. Which have been quantitatively (number of episodes) and objectively (e.g., biting, kicking, scratching) documented;
    b. Which are not caused by preventable reasons; and
    c. Which are causing the resident to:
        Present a danger to her/himself or to others,
        Continuously cry, scream, yell, or pace if these specific behaviors cause an impairment in functional capacity, or
        Experience psychotic symptoms (hallucinations, paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or pacing but which cause the resident distress or impairment in functional capacity; or
12. Short term (7 days) symptomatic treatment of hiccups, nausea, vomiting or pruritus.

Antipsychotics should not be used if one or more of the following is/are the only indication:

1. Wandering,
2. Poor self care,
3. Restlessness,
4. Impaired memory,

5. Anxiety,
6. Depression (without psychotic features),
7. Insomnia,
8. Unsociability,
9. Indifference to surroundings,
10. Fidgeting,
11. Nervousness,
12. Uncooperativeness, or
13. Agitated behaviors which do not represent danger to the resident or others.

As needed or P.R.N. antipsychotic drugs should only be used when the resident has a "specific condition" for which antipsychotic drugs are indicated (that is, points one through twelve above, and one of the following circumstances exists:

1. The as needed or P.R.N. dose is being used to titrate the resident's total daily dose up to achieve symptom relief, or down to avoid side effects, or down to effect a gradual dose reduction, or
2. The as needed or P.R.N. dose is being used to manage unexpected harmful behaviors that cannot be managed without antipsychotic drugs. Under this circumstance, a P.R.N. antipsychotic drug may be used no more than twice in any seven day period without an assessment of the cause for the resident's behavioral symptoms, and the development of a plan of care designed to attempt to reduce or eliminate the cause(s) for the harmful behavior.

H. Antipsychotic Drug Gradual Dose Reduction

Residents must, unless clinically contraindicated, have gradual dose reductions of the antipsychotic drug. The gradual dose reduction should be under close supervision. If the gradual dose reduction is causing an adverse effect on the resident and the gradual dose reduction is discontinued, documentation of this decision and the reasons for it should be included in the clinical record. Gradual dose reductions consist of tapering the resident's daily dose to determine if the resident's symptoms can be controlled by a lower dose or to determine if the dose can be eliminated altogether.

"Behavioral interventions" means modification of the resident's behavior or the resident's environment, including staff approaches to care, to the largest degree possible to accommodate the resident's behavioral symptoms.

"Clinically contraindicated" means that a resident with a "specific condition" (as listed in these Guidelines under item G,1-11) who has had a history of recurrence of psychotic symptoms (e.g., delusions, hallucinations) which have been stabilized with a maintenance dose of an antipsychotic drug without incurring significant side effects

(e.g., tardive dyskinesia) should not receive gradual dose reductions. In residents with organic mental syndromes (e.g., dementia, delirium), "clinically contraindicated" means that a gradual dose reduction has been attempted twice in one year and that attempt resulted in the return of symptoms for which the drug was prescribed to a degree that a cessation in the gradual dose reduction, or a return to previous dose levels was necessary.

I. Exceptions to These Guidelines

The facility shall have the opportunity to provide a rationale for the use of drugs prescribed outside these Guidelines. The facility may not justify the use of a drug prescribed outside these Guidelines solely on the basis of "the doctor ordered it." The rationale must be based on sound risk-benefit analysis of the resident's problem and potential adverse effects of the drug.

The unnecessary drug criterion of "adequate indications for use" does not simply mean that the physician's order must include a reason for using the drug (although such order writing is encouraged). It means that the resident lacks a valid clinical reason for use of the drug as evidenced by the evaluation of some, but not necessarily all, of the following: resident assessment, plan of care, reports of significant change, progress notes, laboratory reports, professional consults, drug orders, observation and interview of the resident, and other information.

In determining whether an antipsychotic drug is without a "specific condition" or that "gradual dose reduction and behavioral interventions" have not been performed, the facility shall justify why using the drug outside these Guidelines is in the best interest of the resident.

Examples of evidence that would support a justification of why a drug is being used outside these Guidelines but in the best interests of the resident may include, but are not limited to:

1. A physician's note indicating, for example, that the dosage, duration, indication, and monitoring are clinically appropriate, and the reasons why they are clinically appropriate; this note should demonstrate that the physician has carefully considered the risk/benefit to the resident in using drugs outside these Guidelines;

2. A medical or psychiatric consultation or evaluation (e.g., Geriatric Depression Scale) that confirms the physician's judgment that use of a drug outside those Guidelines is in the best interest of the resident;

3. Physician, nursing, or other health professional documentation indicating that the resident is being monitored for adverse consequences or complications of the drug therapy;

4. Documentation confirming that previous attempts at dosage reduction have been unsuccessful;

5. Documentation (such as MDS documentation) showing resident's subjective or objective improvement, or maintenance of function while taking the medication;

6. Documentation showing that a resident's decline or deterioration is evaluated by the interdisciplinary team to determine whether a particular drug, or a particular dose, or duration of therapy, may be the cause;

7. Documentation showing why the resident's age, weight, or other factors would require a unique drug dose or drug duration, indication, monitoring.

8. Other evidence which may be appropriate.

(Source: Added at 18 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Sheltered Care Facilities Code

2) Code Citation: 77 Ill. Adm. Code 330

3)

Section Numbers:	Proposed Action:
330.270	Amendments
330.330	Amendments
330.1140	Repealer
330.1145	New Section
330.1150	New Section
330.1155	New Section
330.Appendix E	New Section

4) Statutory Authority: Nursing Home Care Act Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 4151-101 et seq. [210 ILCS 45]

5) A Complete Description of the Subjects and Issues Involved:
Section 330.270 ("Monitor and Receivership") is being amended to allow licensed nurses and nursing home administrators who do not have baccaleureate degrees to be used as monitors and receivers. The Department does not believe that a degree should be required if such persons are otherwise qualified to serve as monitors or receivers.

Changes to Section 330.330 ("Definitions") include:
the addition of definitions for the terms Chemical Restraint; Child Care Habilitation Aide; Convenience; Developmental Disabilities (DD) Aide; Discipline; Facility, Long-Term Care, for Residents Under 22 Years of Age; Facility, Sheltered Care; and Physical Restraint; the deletion of the definitions of Community Living Facility; Developmentally Disabled; Equivalent of a Graduate Licensed Practical Nurse; Facility, Community Living; House Manager; Program Coordinator; Program Unit; and Safety Device; the amendment of the definitions of Cruelty and Indifference to Welfare of the Resident; Developmental Disability; Dietetic Service Supervisor; Facility, Intermediate Care for the Developmentally Disabled; Interdisciplinary Team; Personal Care; Restraint of a Resident; Social Worker, Qualified; Substantial; Substantial failure; and Unit.
Some of these changes are in response to P.A. 88-413 (effective August 20, 1993). Other changes are being made to achieve consistency among the four sets of rules implementing the Nursing Home Care Act.

Section 330.1140 ("Behavior Emergencies") is being repealed.

A new Section 330.1145 entitled "Restraints" is being added. This Section requires facilities to have written policies controlling the use of restraints; prohibits the use of restraints with locks; states that physical restraints shall only be used in an emergency as specified in Section 330.1142; prohibits the use of physical restraints on a resident for the purpose of discipline or convenience.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

A new Section 330.1150 entitled "Emergency Use of Restraints" is being added. This Section defines "emergency care", establishes procedures for the use of restraints in emergency situations, and sets forth requirements for documentation of the use of restraints in the resident record. Provisions concerning informed consent, staff training, and resident rights are also included. The rules also prohibit any form of seclusion.

A new Section 330.1155 entitled "Unnecessary, Psychotropic, and Antipsychotic Drugs" is being added. The rule sets forth the circumstances in which the use of a drug would be "unnecessary"; defines the terms "duplicative drug therapy", psychotropic medication", and "antipsychotic drug"; and includes provisions for informed consent, documentation, and dose reductions and behavior interventions.

Section 330.Appendix E is added to include, as required by P.A. 88-413, the standards for unnecessary drugs contained in the interpretive guidelines issued by the U.S. Department of Health and Human Services for the purposes of administering Titles 18 and 19 of the Social Security Act.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after the publication of the notice in the Illinois Register.

6) Will these proposed amendments replace emergency amendments currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

8) Do these proposed amendments contain incorporations by reference? Yes.

9) Are there any other proposed amendments pending on this Part? Yes.

Section Numbers	Proposed Action	Illinois Register Citation
330.730	Amendments	18 Ill. Reg. 4942
330.4260	Amendments	18 Ill. Reg. 4942

10) Statement of Statewide Policy Objectives:
This rulemaking does not create or expand a State Mandate.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Interested persons may present their comments concerning these rules by writing to Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 within 45 days after this issue of the Illinois Register.

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These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected:
Long-term care facilities

B) Reporting, Bookkeeping or Other Procedures Required for Compliance:
None

C) Types of Professional Skills Necessary for Compliance: Professional skills necessary to comply with existing requirements in this Part.

The full text of the Proposed Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 330
SHELTERED CARE FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section

SUBPART B: ADMINISTRATION

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SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR NEW SHELTERED CARE FACILITIES

SUBPART N: FIRE PROTECTION STANDARDS FOR NEW SHELTERED CARE FACILITIES

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SUBPART O: DESIGN AND CONSTRUCTION STANDARDS FOR EXISTING SHELTERED CARE FACILITIES

SUBPART P: FIRE PROTECTION STANDARDS FOR EXISTING SHELTERED CARE FACILITIES

SUBPART Q: RESIDENT'S RIGHTS

AUTHORITY: Implementing and authorized by the Nursing Home Care Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 4151-101 et seq.) [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 807, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 933, effective July 28, 1980; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14547, effective November 8, 1982; amended at 6 Ill. Reg. 14681, effective November 15, 1982; amended at 7 Ill. Reg. 1963, effective January 28, 1983; amended at 7 Ill. Reg. 6973, effective May 17, 1983; amended at 7 Ill. Reg. 15825, effective November 15, 1983; amended at 8 Ill. Reg. 15596, effective August 15, 1984; amended at 8 Ill. Reg. 15941, effective August 17, 1984; codified at 8 Ill. Reg. 19790; amended at 8 Ill. Reg. 24241, effective November 28, 1984; amended at 8 Ill. Reg. 24696, effective December 7, 1984; amended at 9 Ill. Reg. 2952, effective February 25, 1985; amended at 9 Ill. Reg. 10974, effective July 1, 1985; amended at 11 Ill. Reg. 16879, effective October 1, 1987; amended at 12 Ill. Reg. 1017, effective December 24, 1987; amended at 12 Ill. Reg. 16870, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6562, effective April 17, 1989; amended at 13 Ill. Reg. 19580, effective December 1, 1989; amended at 14 Ill. Reg. 14928, effective October 1, 1990; amended at 15 Ill. Reg. 516, effective January 1, 1991; amended at 16 Ill. Reg. 651, effective January 1, 1992; amended at 16 Ill. Reg. 14370, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2405, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at at 17 Ill. Reg. 8000, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15089, effective September 3, 1993; amended at 17 Ill. Reg. 16180, effective January 1, 1994; amended at 17 Ill. Reg. 19258, effective October 26, 1993; amended at 17 Ill. Reg. 19576, effective November 4, 1993;

amended at 17 Ill. Reg. 21044, effective November 20, 1993; amended at 18 Ill. Reg. 1475, effective January 14, 1994; amended at 18 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL POLICIES

Section 330.270 Monitor and Receivership

a) ~~The Department may place an employee or agent to serve as a monitor in a facility when any of the following conditions exist:~~ *The Department may place an employee or agent to serve as a monitor in a facility when any of the following conditions exist:*
   1) *The facility is operating without a license;*
   2) *The Department has suspended, revoked or refused to renew the existing license of the facility;*
   3) *The facility is closing or has informed the Department that it intends to close and adequate arrangements for relocation of residents have not been made at least 30 days prior to closure; or*
   4) *The Department determines that an emergency exists, whether or not it has initiated revocation or nonrenewal procedures, if because of the unwillingness or inability of the licensee to remedy the emergency the Department believes a monitor is necessary.* As used in this subsection, *"emergency" means a threat to the health, safety or welfare of a resident that the facility is unwilling or unable to correct.* (Section 3-501 of the Act)

b) The monitor shall meet the following minimum requirements:
   1) be in good physical health as evidenced by a physical examination by a physician within the last year;
   2) have an understanding of the needs of ~~nursing home~~ long-term care facility residents as evidenced by one year of experience in working with ~~the~~ elderly or developmentally disabled individuals in programs such as patient care, social work or advocacy;
   3) have an understanding of the Act and this Part which are the subject of the monitor's duties as evidenced in a personal interview of the candidate;
   4) not be related to the owners of the involved facility through blood, marriage or common ownership of real or personal property except ownership of stock that is traded on a stock exchange;
   5) have successfully completed a baccalaureate degree, or possess a nursing license or a nursing home administrator's license; and
   6) have two years full-time work experience in the long-term care industry of the State of Illinois.

c) The monitor shall be under the supervision of the Department; shall perform the duties of a monitor delineated in Section 3-502 of the Act; and shall accomplish the following actions:
   1) visit the facility ~~at least five days per week or~~ as directed by the Department;
   2) review all records pertinent to the condition for such monitor's

placement under subsection (a) of this Section;

3) provide to the Department ~~a weekly~~ written ~~report~~ and ~~a daily~~ oral ~~report~~ reports detailing the observed conditions of the facility; and

4) be available as a witness for hearings involving the condition for placement as monitor.

d) All communications, including but not limited to data, memoranda, correspondence, records and reports shall be transmitted to and become the property of the Department. In addition, findings and results of the monitor's work done under this Part shall be strictly confidential and not subject to disclosure without written authorization from the Department or by court order subject to disclosure only in accordance with the provisions of the Freedom of Information Act, subject to the confidentiality requirements of the Act.

e) The assignment as monitor may be terminated at any time by the Department.

f) Through consultation with the long-term care industry associations, professional organizations, consumer groups and health-care management corporations, the Department shall maintain a list of receivers. Preference on the list shall be given to individuals possessing a valid Illinois Nursing Home Administrator's License, experience in financial and operations management of a long-term care facility and individuals with access to consultative experts with the aforementioned experience. To be placed on the list, individuals must meet the following minimum requirements:

1) be in good physical and mental health as evidenced by a physical examination by a physician within the last year;

2) have an understanding of the needs of ~~nursing home~~ long-term care facility residents and the delivery of the highest possible quality of care as evidenced by one year of experience in working with ~~the~~ elderly or developmentally disabled individuals in programs such as patient care, social work, or advocacy;

3) have an understanding and working knowledge of the Act and this Part as evidenced by a personal interview of the candidate;

4) have successfully completed a baccalaureate degree, or possess a nursing license or a nursing home administrator's license; and

5) have two years full-time working experience in the Illinois long-term care industry.

g) Upon appointment of a receiver for a facility by a court, the Department shall inform the individual of all legal proceedings to date which concern the facility.

h) The receiver may request that the Director of the Department authorize expenditures from monies appropriated, pursuant to Section 3-511 of the Act, if incoming payments from the operation of the facility are less than the cost incurred by the receiver.

i) In the case of Department ordered patient transfers, the receiver may:

1) assist in providing for the orderly transfer of all residents in the facility to other suitable facilities, or make other provisions for their continued health;

2) assist in providing for transportation of the resident, his medical records and his belongings if he is transferred or discharged; assist in locating alternative placement; assist in preparing the resident for transfer; and permit the resident's legal guardian to participate in the selection of the resident's new location;

3) unless emergency transfer is necessary, explain alternative placements to the resident and provide orientation to the place chosen by the resident or resident's guardian.

j) *In any action or special proceeding brought against a receiver in the receiver's official capacity for acts committed while carrying out the aforesaid powers and duties, the receiver shall be considered a public employee under the Local Governmental and Governmental Employees Tort Immunity Act* (Ill. Rev. Stat.1991, ch. 85, par. 1-101 et seq.) [745 ILCS 10]. *A receiver may be held liable in a personal capacity only for the receiver's own gross negligence, intentional acts or breach of fiduciary duty.* (Section 3-513 of the Act)

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 330.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual Assault.

Access - the right to:

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Enter any facility;
Communicate privately and without restriction with any resident who consents to the communication;
Seek consent to communicate privately and without restriction with any resident;
Inspect the clinical and other records of a resident with the express written consent of the resident;
Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 4151-101 et seq.) [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 330.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:
With respect to a partnership, each partner thereof.
With respect to a corporation, each officer, director and stockholder thereof.

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With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autism - ~~A~~ a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed

personnel.

Basement - when used in this Part, means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - ~~a charge nurse~~ is a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical restraint - is any drug that is *used for discipline or convenience and* is *not required to treat medical symptoms.* (Section 2-106 of the Act, as amended by P.A. 88-413, effective August 20, 1993)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under 22 Year of Age, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

~~Community Living Facility - see Facility, Community Living.~~

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout

the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - any action taken by the facility to control resident behavior or maintain residents with a lesser amount of effort by the facility and not in the resident's best interest.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse. ~~Examples of physical abuse are restraining a resident, striking, slapping, hitting, or withholding food as punishment. Examples of mental abuse are swearing, threatening and seclusion.~~

Dentist - any person licensed by the State of Illinois to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act (Ill. Rev. Stat. 1991, ch. 111, pars. 2301 et seq.) [225 ILCS 25].

Department - as used in ~~these standards~~ this Part means the Illinois Department of Public Health.

~~Developmentally Disabled those individuals whose disability is attributable to mental retardation, cerebral palsy, epilepsy, autism, or other pathological conditions which generally originate before such individuals attain age 18, and that continue, or can be expected to continue, indefinitely, and which constitute a substantial functioning handicap to such individuals.~~

Developmental Disabilities (DD) Aide - any person who provides nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to DD aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

~~Developmental Disability a severe, chronic disability of a person which:~~

~~is attributable to a mental or physical impairment or combination of mental and physical impairments; or combination of mental and~~

~~physical impairments;~~
~~is manifest before age 22;~~
~~is likely to continue indefinitely;~~
~~results in substantial functional limitations in three or more of the following areas of major life activities:~~
~~self-care;~~
~~receptive and expressive language;~~
~~learning;~~
~~mobility;~~
~~self-direction;~~
~~capacity for independent living; and~~
~~economic self-sufficiency; and~~
~~reflects the person's needs for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.~~

Developmental Disability - means a severe, chronic disability of a person which:
is attributable to a mental or physical impairment or combination of mental and physical impairments, such as mental retardation, cerebral palsy, epilepsy, autism;
is manifested before the person attains age 22;
is likely to continue indefinitely;
results in substantial functional limitations in 3 or more of the following areas of major life activity:
self-care,
receptive and expressive language,
learning,
mobility,
self-direction,
capacity for independent living, and
economic self-sufficiency; and
reflects the person's need for combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated. (Section 3-801 of the Act)

Dietetic Service Supervisor - a person who:
is a qualified dietitian; or
is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or
is a graduate, prior to July 1, 1990, of a Department-approved course that ~~provides~~ provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or
has successfully completed a Dietary Manager's Association approved dietary managers course; or

is certified as a dietary manager by the Dietary Manager's Association; or
has training and experience in food service supervision and management in a military service equivalent in content to the ~~program~~ programs in ~~paragraph~~ paragraphs (2), ~~or~~ (3) or (4) of this definition.

Dietitian - a person who:
is eligible for registration by the American Dietetic Association; or
has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Care Aide - any person who provides nursing care, personal care or psychosocial support to residents of specialized living facilities, regardless of title, and who is not a Qualified Professional, as defined in this Part. Direct Care Aides must function under the supervision of a licensed nurse when performing nursing or personal care duties.

Direct Supervision - ~~means that~~ work ~~is~~ performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or his designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

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Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

~~Equivalent--of--a--Graduate--Licensed--Practical--Nurse---a---licensed practical--nurse,--licensed--by--waiver,--who--successfully-passes-the proficiency-examination-approved-by-the-U.S.-Department-of-Health--and Human--Services--shall--be--considered--the--equivalent--of-a-licensed practical-nurse-who-is-a-graduate-of-an-approved-school--of--practical nursing-for-the-purposes-of-this-Part.~~

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

~~Facility,-Community-living---a-place-of-residence-as-limited-in--these standards--for-between-five-and-80-ambulatory-adults-who-are-mildly-or moderately-mentally-retarded-with-a-potential-for-being-absorbed--into the-mainstream-of-community-life.~~

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled. ~~Facilities-with-any--number--less--than--50 percent--of--developmentally-disabled-residents,-who-are-determined-by the-Department-with-consultation-from-the--Division--of--Developmental Disabilities,--Illinois--Department-of-Mental-Health-and-Developmental Disabilities-to-need-organized-social-support-and--training--programs, must-comply-with-the-program-requirements-in-this-Part.~~

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated

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pursuant to Division 5-21 or 5-22 of the Counties Code (Ill. Rev. Stat. 1989, ch. 34, pars. 5-21001 et seq. and 5-22001 et seq.) [55 ILCS 5] *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 U.S.C.A. 1395 et seq. to 1936 et seq.). A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois;

A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, ~~par.~~ pars. 142 et seq.) [210 ILCS 85];

Any "facility for child care" as defined in the Child Care Act of 1969 (Ill. Rev. Stat. 1991, ch. 23, ~~par.~~ pars. 2211 et seq. [225 ILCS 10]);

Any "community living facility" as defined in the Community Living Facilities Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, ~~par.~~ pars. 4181 et seq.) [210 ILCS 35];

Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act (Ill. Rev. Stat. 1991, ch. 91 1/2, ~~par.~~ pars. 621 et seq.) [210 ILCS 140];

Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;

Any facility licensed by the Department of Mental Health and Developmental Disabilities as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act (Ill. Rev. Stat. 1991, ch. 91 1/2, ~~par.~~ pars. 1701 et seq.) [210 ILCS 135]; or

Any supportive residence licensed under the Supportive Residences Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 9001 et seq.) [210 ILCS 65]. (Section 1-113 of the Act)

Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in these standards is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized

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treatment training and continuous nursing care because of medical or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance, and personal care and oversight.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full time - means on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian of the estate, or both, of a resident under the Probate Act of 1975 (Ill. Rev. Stat. 1991, ch. 110 1/2, ~~par.~~ pars. 1-1 et seq.) [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

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Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under the General Not For Profit Corporation Act of 1986 (Ill. Rev. Stat. 1991, ch. 32, ~~par.~~ pars. 101.01 et seq.) [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code (Ill. Rev. Stat. 1991, ch. 34, ~~par.~~ pars. 5-22001 et seq.) [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes; and which provides maintenance, personal care, nursing or sheltered care to three or more residents, 90 percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

~~House-Manager---a-qualified-person-on-duty-40-hours--a--week--managing the--Community--living--Facility-and-responsible-for-its-operation-and its-inhabitants.~~

Individual Educational Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual ~~Educational~~ Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in this Part means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1985 Edition).

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for the Developmentally Disabled ~~(ICF/DDs)~~ (ICF/DD) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and care givers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed

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under the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 3651 et seq.) [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a device ~~devices~~ such as a walker ~~walkers~~, crutches, a wheelchair ~~wheelchairs~~, or a wheeled platforms.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive ~~devices~~ device such as a walker ~~walkers~~, crutches, a wheelchair ~~wheelchairs~~, or a wheeled ~~platforms~~ platform.

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Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act)

Neglect means:

The failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or medical condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, pars. 3501 et seq.) [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - ~~Any~~ any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no more than 75 beds, none of which are more than 120 feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered with the Department of Professional Regulation as an occupational therapist under the Illinois Occupational Therapy Practice Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 3701 et seq.) [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered with the Department of Professional Regulation as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

Oversight - general watchfulness and appropriate action to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the

Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing, or other personal needs, or maintenance or general supervision and oversight of the physical and mental well-being of an individual, ~~exclusive--of--nursing,~~ who, ~~because--of--age,--physical--or--mental disability,-emotional-or-behavior-disorder,-or-mental--retardation~~ is incapable of maintaining a private, independent residence, or who is incapable of managing his person whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, pars. 4121 et seq.) [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act, as amended by P.A. 88-413, effective August 20, 1993)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered with the Department of Professional Regulation as a physical therapist under the Illinois Physical Therapy Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 4251 et seq.) [225 ILCS 90].

Physician - any person licensed by the State of Illinois to practice medicine in all its branches as provided in the Medical Practice Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, pars. 4400-1 et seq.) [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

~~Program--Coordinator---a-qualified-person-directly-responsible-for-the overall-program,--operation--and--management--of--a--Community--Living Facility.~~

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Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed by the Illinois Department of Professional Regulation to practice clinical psychology under the Clinical Psychologist Licensing Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 5351 et seq.) [225 ILCS 15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.

Be a registered nurse as defined in this Section.

Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational specialty area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, certified by the State of Illinois, if required.

Reasonable Visiting Hours - any time between the hours of 10 A.M. and 8 P.M. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid Illinois license from the Illinois Department of Professional Regulation to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat Violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or

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directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Restraint of a Resident - the ~~application of a device to limit movements.~~ use of a physical or chemical restraint.

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

~~Safety Device - any equipment or protective device used on a bed, chair, or resident which prevents him from falling or otherwise injuring himself. Examples are: bedside rails, geriatric or adaptive chairs, a wide band, vest or sheet applied to prevent falling out of a bed or chair, and hand socks applied to prevent injuring one's self.~~

Sanitization - the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room which the resident cannot open.

Self Preservation - the ability to follow directions and recognize

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impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered Care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker, Qualified - a person who:

is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 6351 et seq.) [225 ILCS 20]~~;~~. ~~and~~

~~is a graduate of a school of social work which has been approved by the Council on Social Work Education (some schools are approved for Bachelor's Degree programs and others for Master's Degree programs);~~ ~~and~~

~~has one year of social work experience in a health care setting;~~

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a Corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Story - when used in this Part means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution, or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Compliance - meeting requirements except for variance from the strict and literal performance, which results in unimportant

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omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section ~~330.280(q)(8)~~, ~~330.280(k)(2)~~ and ~~330.280(k)(4)~~; 330.140(a)(3) and 330.150(a)(3).

Substantial ~~failure~~ Failure - the failure to meet requirements other than a variance from the strict and literal performance, which results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections ~~330.180(b)(1) and 330.260(f)~~ 330.165(b)(1).

Sufficient - ~~Same~~ same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in this Part, the supervisor must be on the premises if the person does not meet assistant level (two-year training program) qualifications specified in these definitions.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the

health, safety or welfare of a resident. (Section 1-130 of the Act)

Unit - an entire physically identifiable residence area, ~~in Community Living Facilities consisting of not less than five nor more than 20 beds, and~~ having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

SUBPART E: HEALTH SERVICES AND MEDICAL CARE OF RESIDENTS

Section 330.1140 Behavior Emergencies (Repealed)

~~a) If a resident becomes disturbed or unmanageable, the resident shall be examined by the resident's physician or psychiatrist. This medical examination shall be made promptly. (B)~~

~~b) No form of seclusion shall be permitted.~~

~~c) Restraints shall be used only in an emergency to protect the resident from harming himself or harming other residents, visitors or staff. If it is necessary to use restraints for this purpose, the attending physician shall be contacted immediately for his orders for this emergency. In the event the attending physician is not immediately available, the facility's advisory physician shall be contacted for such orders. This emergency use of restraints shall only be temporary and for a short period of time until other arrangements can be made to transfer the resident to an appropriate facility or until the resident can be restored through medical treatment to his normal behavior pattern. In a single emergency, restraints shall not be used for a period of more than four hours. If a restraint is used for more than two hours, it must be released for a few minutes at least once every two hours, or more often if necessary. There must be close observation of the resident while a restraint is being used. No restraints with locking devices may be used. (B)~~

~~d) The reason for using the restraint must be recorded in the resident's record and if retained in the facility for a short period for medical treatment, the attending physician must indicate the need for the use of a restraint in the resident's record. If the physician's order is a telephone order, it shall be immediately recorded on the resident's record and countersigned by the physician within 72 hours in the same manner as physicians orders for medications in an emergency.~~

~~e) There shall be written policies which are followed in the operation of the facility, covering the use of restraints. (B)~~

(Source: Repealed at 18 Ill. Reg. _____, effective _____)

Section 330.1145 Restraints

a) The facility shall have written policies controlling the use of restraints, including but not limited to leg restraints, arm restraints, handmitts, soft ties or vests, wheelchair safety bars and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part.

b) No restraints with locks shall be used.

c) Physical restraints shall only be used in an emergency as specified in Section 330.1150.

d) Physical restraints shall not be used on a resident for the purposes of discipline or convenience.

(Source: Added at 18 Ill. Reg. _____, effective _____)

Section 330.1150 Emergency Use of Restraints

a) *If a resident needs emergency care, restraints may be used for brief periods to permit treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of treatment in question.* (Section 2-106(c) of the Act)

b) For this Section only "emergency care" means the unforeseen need for immediate treatment inside or outside the facility that is necessary to:

1) save the resident's life;

2) prevent the resident from doing serious mental or physical harm to himself/herself; or

3) prevent the resident from injuring another individual.

c) If a resident needs emergency care and other less restrictive interventions have proved ineffective, a restraint may be used briefly to permit treatment to proceed. The attending physician shall be contacted immediately for orders. If the attending physician is not available, the facility's advisory physician or medical director shall be contacted. If a physician is not immediately available, a nurse with supervisory responsibility may approve, in writing, the use of

physical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician as soon as possible, but no later than within eight hours. The resident must be in view of a staff person at all times the restraint is in place until the resident has been examined by a physician. The resident's needs for toileting, ambulation, hydration, nutrition, repositioning, and skin care must be met during the temporary restraint.

d) The emergency use of a restraint must be documented in the resident record, including:
   1) the behavior incident that prompted the use of the restraint;
   2) the date and times the restraint was applied and released;
   3) the name and title of the person responsible for the application and supervision of the restraint;
   4) the action by the resident's physician upon notification of the restraint use;
   5) the new or revised orders issued by the physician; and
   6) the date of the scheduled care planning conference or the reason a care planning conference is not needed, in light of the resident's emergency need for restraints.

e) *A restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106(c) of the Act, as added by P.A. 88-413, effective August 20, 1993)

f) *A restraint may be applied only by staff trained in the application of the particular type of restraint.* (Section 2-106(d) of the Act, as added by P.A. 88-413, effective August 20, 1993)

g) *Whenever a period of use of a restraint is initiated, the resident shall be advised of his or her rights to have a person or organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the restraint.* A period of use of a restraint is initiated when a particular restraint is applied to a resident for the first time under a new or renewed authorization for the use of that restraint. *A recipient who is under guardianship may request that a person or organization of his or her choosing be notified of the restraints, whether or not the guardian approved the notice. If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted.* (Section 2-106(e) of the Act, as added by P.A. 88-413, effective August 20, 1993)

h) *Whenever a restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the resident or others.* (Section 2-106(f) of the Act, as added by P.A. 88-413, effective August 20, 1993)

i) No form of seclusion shall be permitted.

Source: Added at 18 Ill. Reg. _____, effective _____)

Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs

a) *A resident shall not be given unnecessary drugs* in accordance with Section 330.Appendix E. In addition, *an unnecessary drug is any drug used;*
   1) *in an excessive dose, including in duplicative therapy;*
   2) *for excessive duration;*
   3) *without adequate monitoring;*
   4) *without adequate indications for its use; or*
   5) *in the presence of adverse consequences that indicate the drugs should be reduced or discontinued.* (Section 2-106.1(a) of the Act, as added by P.A. 88-413, effective August 20, 1993)

b) *Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106.1(b) of the Act, as added by P.A. 88-413, effective August 20, 1993)

c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific condition as diagnosed and documented in the clinical record in accordance with Section 330.Appendix E.

d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, in an effort to discontinue these drugs in accordance with Section 300.Appendix E unless clinically contraindicated.

e) For the purposes of this Section:
   1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, that have a sedative effect.
   2) "Psychotropic medication" *means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest editions of the AMA Drug Evaluations or the Physician's Desk Reference or* Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993. (Section 2-106.1(b) of the Act, as added by P.A. 88-413, effective August 20, 1993)
   3) "Antipsychotic Drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.

(Source: Added at 18 Ill. Reg. _____, effective

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Section 330.APPENDIX E Guidelines for the Use of Various Drugs

A. Long-Acting Benzodiazepine Drugs

The following long-acting benzodiazepine drugs should not be used in residents unless an attempt with a shorter-acting drug (i.e., those listed under B. Benzodiazepine or Other Anxiolytic/Sedative Drugs, and under C. Drugs Used for Sleep Induction) has failed.

After an attempt with a shorter-acting benzodiazepine drug has failed, a long-acting benzodiazepine drug should be used only if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Its use results in maintenance or improvement in the resident's functional status;
3. Daily use is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful; and
4. Its use is less than, or equal to, the following listed total daily doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the maintenance, or improvement in the resident's functional status.

LONG-ACTING BENZODIAZEPINES

Generic	Brand	Daily Oral Dosage
Flurazepam	(Dalmane)	15mg
Chlordiazepoxide	(Librium)	20mg
Clorazepate	(Tranxene)	15mg
Prazepam	(Centrax)	15mg
Diazepam	(Valium)	5mg
Clonazepam	(Klonopin)	1.5mg
Quazepam	(Doral)	7.5mg

NOTES: When diazepam is used for neuromuscular syndromes (e.g., cerebral palsy, tardive dyskinesia or seizure disorders), this guideline does not apply.

When long-acting benzodiazepine drugs are being used to withdraw residents from short-acting benzodiazepine drugs, this guideline does not apply.

When clonazepam is used in bi-polar disorders, management of tardive dyskinesia, nocturnal myoclonus or seizure disorders, this guideline does not apply.

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The daily doses listed under Long-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is "clinically contraindicated."

B. Benzodiazepine or other Anxiolytic/Sedative Drugs

Use of the listed Anxiolytic/Sedative drugs for purposes other than sleep induction should only occur if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Use results in a maintenance or improvement in the resident's functional status;
3. Daily use (at any dose) is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful;
4. Use is for one of the following indications as defined by the Diagnostic and Statistical Manual of Mental Disorders (third edition - revised) or subsequent editions:
   - Generalized anxiety disorder;
   - Organic mental syndromes (including dementia) with associated agitated states which are quantitatively and objectively documented and which constitute sources of distress or dysfunction to the resident or represent a danger to the resident or others;
   - Panic disorder;
   - Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder (e.g., depression, adjustment disorder); and
5. Use is equal to or less than the following listed total daily doses, unless higher doses (as evidenced by the resident response and/or the resident's clinical record) are necessary for the improvement or maintenance in the resident's functional status.

SHORT-ACTING BENZODIAZEPINES

Generic	Brand	Daily Oral Dosage
Lorazepam	(Ativan)	2mg
Oxazepam	(Serax)	30mg

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Alprazolam	(Xanax)	0.75mg
Halazepam	(Paxipam)	40mg

OTHER ANXIOLYTIC AND SEDATIVE DRUGS

Generic	Brand	Daily Oral Dosage
Buspirone HCl	(BuSpar)	30mg
Diphenhydramine	(Benadryl)	50mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	750mg

NOTES: The daily doses listed under Short-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that a gradual dose reduction is "clinically contraindicated."

Diphenhydramine, hydroxyzine and chloral hydrate are not necessarily drugs of choice for treatment of anxiety disorders. They are only listed here in the event of their potential use.

C. Drugs Used for Sleep Induction

Drugs used for sleep induction should only be used if:

1. Evidence exists that other possible reasons for insomnia (e.g., depression, pain, noise, light, caffeine) have been ruled out;
2. The use of a drug to induce sleep results in the maintenance or improvement of the resident's functional status;
3. Daily use of the drug is less than ten continuous days unless an attempt at a gradual dose reduction is unsuccessful;
4. The dose of the drug is equal or less than the following listed doses unless higher doses (as evidenced by the resident response and/or the resident's clinical record) are necessary for maintenance or improvement in the resident's functional status.

HYPNOTIC DRUGS

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Generic	Brand	Oral Dosage
Temazepam	(Restoril)	15mg
Triazolam	(Halcion)	0.125mg
Lorazepam	(Ativan)	1mg
Oxazepam	(Serax)	15mg
Alprazolam	(Xanax)	0.25mg
Halazepam	(Paxipam)	20mg
Diphenhydramine	(Benadryl)	25mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	500mg

NOTES: Diminished sleep in the elderly is not necessarily pathological.

The doses listed are doses for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

Diphenhydramine, hydroxyzine, and chloral hydrate are not necessarily drugs of choice for sleep disorders. They are listed here only in the event of their potential use.

For drugs in this category, a gradual dose reduction should be attempted at least three times within six months before one can conclude that a gradual dose reduction is "clinically contraindicated."

D. Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs

The initiation of the following hypnotic/sedative/anxiolytic drugs should not occur in any dose for any resident. (See Notes for exceptions.) Residents currently using these drugs or residents admitted to the facility while using these drugs should receive gradual dose reductions as part of a plan to eliminate or modify the symptoms for which they are prescribed. A gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is clinically contraindicated. Newly admitted residents using these drugs may have a period of adjustment before a gradual dose reduction is attempted.

(Caution: The Rapid withdrawal of these drugs might result in severe physiological withdrawal symptoms.)

BARBITURATES (EXAMPLES)

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Generic	Brand
Amobarbital	(Amytal)
Butabarbital	(Butisol, others)
Pentobarbital	(Nembutal)
Secobarbital	(Seconal)
Phenobarbital	(Many Brands)
Amobarbitol-Secobarbital	(Tuinal)
Barbiturates with other drugs	(e.g., Fiorinal)

MISCELLANEOUS HYPNOTIC/SEDATIVE/ANXIOLYTICS

Generic	Brand
Glutethimide	(Doriden)
Methprylon	(Noludar)
Ethchlorvynol	(Placidyl)
Meprobamate	(Equinal, Miltown)
Paraldehyde	(Many Brands)

NOTES: Amobarbital is excepted from this Guideline when used as a single dose sedative for dental or medical procedures.

Phenobarbital is excepted from this Guideline when used in the treatment of seizure disorders.

When Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs are used outside these Guidelines, they may be unnecessary drugs as a result of inadequate indications for use.

E. Antipsychotic Drugs

The following examples of antipsychotic drugs should not be used in excess of the listed doses for residents with organic mental syndromes (e.g., dementia, delirium) unless higher doses (as evidenced by the resident's response or the resident's clinical record) are necessary to maintain or improve the resident's functional status.

ANTIPSYCHOTIC DRUGS FOR RESIDENTS WITH ORGANIC MENTAL SYNDROMES

Generic	Brand	Daily Oral Dosage
Chlorpromazine	(Thorazine)	75 mg
Promazine	(Sparine)	150 mg
Triflupromazine	(Vesprin)	20 mg
Thioridazine	(Mellaril)	75 mg

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Mesoridazine	(Serentil)	25 mg
Acetophenazine	(Tindal)	20 mg
Perphenazine	(Trilafon)	8 mg
Fluphenazine	(Prolixin, Permitil)	4 mg
Trifluoperazine	(Stelazine)	8 mg
Chlorprothixene	(Taractan)	75 mg
Thiothixene	(Navane)	7 mg
Haloperidol	(Haldol)	4 mg
Molindone	(Moban)	10 mg
Loxapine	(Loxitane)	10 mg
Clozapine	(Clozaril)	50 mg
Prochlorperazine	(Compazine)	10 mg

NOTES: The doses listed are daily doses (usually administered in divided doses) for residents with organic mental syndromes. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it is necessary for the maintenance or improvement in the resident's functional status.

The "specific conditions" for use of antipsychotic drugs are listed under this Guideline, item G.

The dose of prochlorperazine may be exceeded for short term (seven day) treatment of nausea and vomiting.

When antipsychotic drugs are used outside these Guidelines, they may be deemed unnecessary drugs as a result of excessive dose.

F. Monitoring for Antipsychotic Drug Side Effects

The facility assures that residents who are undergoing antipsychotic drug therapy receive adequate monitoring for significant side effects of such therapy with emphasis on the following:

1. Tardive dyskinesia;
2. Postural (orthostatic) hypotension;
3. Cognitive/behavior impairment;
4. Akathisia; and
5. Parkinsonism.

When antipsychotic drugs are used without monitoring for these side effects, they may be unnecessary drugs because of inadequate monitoring.

G. Use of Antipsychotic Drugs

Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions":

1. Schizophrenia;
2. Schizo-affective disorder;
3. Delusional disorder;
4. Psychotic mood disorders (including mania and depression with psychotic features);
5. Acute psychotic episodes;
6. Brief reactive psychosis;
7. Schizophreniform disorder;
8. Atypical psychosis;
9. Tourette's disorder;
10. Huntington's disease;
11. Organic mental syndromes (including dementia and delirium) with associated psychotic and/or agitated behaviors:
    a. Which have been quantitatively (number of episodes) and objectively (e.g., biting, kicking, scratching) documented;
    b. Which are not caused by preventable reasons; and
    c. Which are causing the resident to:
        Present a danger to her/himself or to others,
        Continuously cry, scream, yell, or pace if these specific behaviors cause an impairment in functional capacity, or
        Experience psychotic symptoms (hallucinations, paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or pacing but which cause the resident distress or impairment in functional capacity; or
12. Short term (7 days) symptomatic treatment of hiccups, nausea, vomiting or pruritus.

Antipsychotics should not be used if one or more of the following is/are the only indication:

1. Wandering,
2. Poor self care,
3. Restlessness,
4. Impaired memory,
5. Anxiety,
6. Depression (without psychotic features),
7. Insomnia,
8. Unsociability,
9. Indifference to surroundings,
10. Fidgeting,
11. Nervousness,
12. Uncooperativeness, or
13. Agitated behaviors which do not represent danger to the resident or others.

As needed or P.R.N. antipsychotic drugs should only be used when the resident has a "specific condition" for which antipsychotic drugs are indicated (that is, points one through twelve above, and one of the following circumstances exists:

1. The as needed or P.R.N. dose is being used to titrate the resident's total daily dose up to achieve symptom relief, or down to avoid side effects, or down to effect a gradual dose reduction, or
2. The as needed or P.R.N. dose is being used to manage unexpected harmful behaviors that cannot be managed without antipsychotic drugs. Under this circumstance, a P.R.N. antipsychotic drug may be used no more than twice in any seven day period without an assessment of the cause for the resident's behavioral symptoms, and the development of a plan of care designed to attempt to reduce or eliminate the cause(s) for the harmful behavior.

H. Antipsychotic Drug Gradual Dose Reduction

Residents must, unless clinically contraindicated, have gradual dose reductions of the antipsychotic drug. The gradual dose reduction should be under close supervision. If the gradual dose reduction is causing an adverse effect on the resident and the gradual dose reduction is discontinued, documentation of this decision and the reasons for it should be included in the clinical record. Gradual dose reductions consist of tapering the resident's daily dose to determine if the resident's symptoms can be controlled by a lower dose or to determine if the dose can be eliminated altogether.

"Behavioral interventions" means modification of the resident's behavior or the resident's environment, including staff approaches to care, to the largest degree possible to accommodate the resident's behavioral symptoms.

"Clinically contraindicated" means that a resident with a "specific condition" (as listed in these Guidelines under item G,1-11) who has had a history of recurrence of psychotic symptoms (e.g., delusions, hallucinations) which have been stabilized with a maintenance dose of an antipsychotic drug without incurring significant side effects (e.g., tardive dyskinesia) should not receive gradual dose reductions. In residents with organic mental syndromes (e.g., dementia, delirium), "clinically contraindicated" means that a gradual dose reduction has been attempted twice in one year and that attempt resulted in the return of symptoms for which the drug was prescribed to a degree that a cessation in the gradual dose reduction, or a return to previous dose levels was necessary.

I. Exceptions to These Guidelines

The facility shall have the opportunity to provide a rationale for the use of drugs prescribed outside these Guidelines. The facility may not

justify the use of a drug prescribed outside these Guidelines solely on the basis of "the doctor ordered it." The rationale must be based on sound risk-benefit analysis of the resident's problem and potential adverse effects of the drug.

The unnecessary drug criterion of "adequate indications for use" does not simply mean that the physician's order must include a reason for using the drug (although such order writing is encouraged). It means that the resident lacks a valid clinical reason for use of the drug as evidenced by the evaluation of some, but not necessarily all, of the following: resident assessment, plan of care, reports of significant change, progress notes, laboratory reports, professional consults, drug orders, observation and interview of the resident, and other information.

In determining whether an antipsychotic drug is without a "specific condition" or that "gradual dose reduction and behavioral interventions" have not been performed, the facility shall justify why using the drug outside these Guidelines is in the best interest of the resident.

Examples of evidence that would support a justification of why a drug is being used outside these Guidelines but in the best interests of the resident may include, but are not limited to:

1. A physician's note indicating, for example, that the dosage, duration, indication, and monitoring are clinically appropriate, and the reasons why they are clinically appropriate; this note should demonstrate that the physician has carefully considered the risk/benefit to the resident in using drugs outside these Guidelines;
2. A medical or psychiatric consultation or evaluation (e.g., Geriatric Depression Scale) that confirms the physician's judgment that use of a drug outside those Guidelines is in the best interest of the resident;
3. Physician, nursing, or other health professional documentation indicating that the resident is being monitored for adverse consequences or complications of the drug therapy;
4. Documentation confirming that previous attempts at dosage reduction have been unsuccessful;
5. Documentation (such as MDS documentation) showing resident's subjective or objective improvement, or maintenance of function while taking the medication;
6. Documentation showing that a resident's decline or deterioration is evaluated by the interdisciplinary team to determine whether a particular drug, or a particular dose, or duration of therapy, may be the cause;
7. Documentation showing why the resident's age, weight, or other factors would require a unique drug dose or drug duration, indication, monitoring.
8. Other evidence which may be appropriate.

(Source: Added at 18 Ill. Reg. _____, effective

_____)

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1) Heading of the Part: Skilled Nursing and Intermediate Care Facilities Code

2) Code Citation: 77 Ill. Adm. Code 300

3)

Section Numbers:	Proposed Action:
300.200	Amendments
300.270	Amendments
300.330	Amendments
300.680	Amendments
300.682	New Section
300.684	New Section
300.686	New Section
300.1040	Repealer
300.1210	Amendments
300.1620	Amendments
300.Appendix F	New Section

4) Statutory Authority: Nursing Home Care Act Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 4151-101 et seq. [210 ILCS 45]

5) A Complete Description of the Subjects and Issues Involved:

Section 300.200 ("Inspections, Surveys, Evaluations and Consultation") is being amended in response to Public Act 88-278 (House Bill 1488) - effective August 10, 1993. Public Act 88-278 amended the Nursing Home Care Act to state that the Department is not required to determine whether a certified facility that has been determined by inspection to be in compliance with federal certification requirements is in compliance with requirements under the Nursing Home Care Act that are less stringent than or duplicate federal requirements. In effect, the change in the law allows the Department to do one survey for certification and convert the certification findings into licensure enforcement remedies. The changes to Section 300.200 will implement this procedure, which will more effectively use staff time and decrease paperwork.

Section 300.270 ("Monitor and Receivership") is being amended to allow licensed nurses and nursing home administrators who do not have baccaleureate degrees to be used as monitors and receivers. The Department does not believe that a degree should be required if such persons are otherwise qualified to serve as monitors or receivers.

Changes to Section 300.330 ("Definitions") include: the addition of definitions for the terms Chemical Restraint, Child Care Habilitation Aide; Convenience; Developmental Disabilities (DD) Aide; Discipline; Facility, Long-Term Care, for Residents Under 22 Years of Age; Facility, Sheltered Care; and Physical Restraint; the deletion of the definitions of Community Living Facility; Developmentally Disabled; Equivalent of a Graduate Licensed Practical Nurse; Facility, Community Living; House Manager; Program Coordinator; Program Unit; and Safety Device; the amendment of the

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definitions of Cruelty and Indifference to Welfare of the Resident; Developmental Disabiling; Dietetic Service Supervisor; Facility, Intermediate Care for the Developmentally Disabled; Interdisciplinary Team; Personal Care; Restraint of a Resident; Social Worker, Qualified; Substantial; Subtantial failure; and Unit. Some of these changes are in response to Public Act 88-413 (effective August 20, 1993). Other changes are being made to achieve consistency among the four sets of rules implementing the Nursing Home Care Act.

Section 300.680 ("Restraints and Safety Devices") is being amended in response to P.A. 88-413, which extensively amended the Nursing Home Care Act in regard to the use of physical and chemical restraints and drug treatment. The Act requires the Department, by rule, to designate certain devices as restraints and to adopt the standards for unnecessary drugs contained in the federal Interpretive Guidelines. Section 300.680 requires facilities to have policies concerning the use of restraints; lists devices and practices considered to be restraints; deletes use of the term "safety devices."

Section 300.682 is being added to set forth requirements for the nonemergency use of restraints. These include provisions for the use of physical or chemical restraints; consent of the resident, the resident's guardian, or other authorized representative; authorization of the use of restraints for a specific period of time; application of restraints by trained staff; care planning for progressive removal of restraint or progressive use of less restrictive means; periodic release of restraints and provision of care; and prohibition of the use of any form of seclusion.

Section 300.684 is added to address the emergency use of restraints. The rule defines "emergency care"; sets forth requirements for documentation of the emergency use of a restraint in the resident record; includes procedures for physician's orders and care of the resident; references to other provisions of the rules that must be followed in emergency use of restraints.

Section 300.686 is a new Section entitled "Unnecessary, Psychotropic and Antipsychotic Drugs." The rule sets forth the circumstances in which the use of a drug would be "unnecessary"; defines the terms "duplicative drug therapy," "psychotropic medication," and "antipsychotic drug"; and includes provisions for informed consent, documentation, and dose reductions and behavior interventions.

Section 300.1040 ("Behavior Emergencies") is being replaced.

Section 300.1210 is amended to clarify the precautions that must be taken to assure the safety of residents. Reference to "safety devices" is deleted, and the language concerning the use of side rails on beds is clarified.

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Section 300.1620 is amended to add a reference to Appendix F, "Guidelines for the Use of Various Drugs" in the subsection concerning review of medication orders.

Section 300.Appendix F is added to include, as required by P.A. 88-413, the standards for unnecessary drugs contained in the interpretive guidelines issued by the U.S. Department of Health and Human Services for the purpose of administering title 18 and 19 of the Social Security Act.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests an information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after the publication of the notice in the Illinois Register.

6) Will these proposed amendments replace emergency amendments currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

8) Do these proposed amendments contain incorporations by reference? Yes.

9) Are there any other proposed amendments pending on this Part? Yes.

Section Numbers	Proposed Action	Illinois Register Citation
300.630	Amendments	18 Ill. Reg. 4961
300.1030	Amendments	18 Ill. Reg. 4961
300.3260	Amendments	18 Ill. Reg. 4961

10) Statement of Statewide Policy Objectives:

This rulemaking does not create or expand a State Mandate.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Interested persons may present their comments concerning these rules by writing to Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 within 45 days after this issue of the Illinois Register.

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 1-75 of the Illinois

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Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected:

Skilled nursing and intermediate care facilities

B) Reporting, Bookkeeping or Other Procedures Required for Compliance:

None

C) Types of Professional Skills Necessary for Compliance:

Professional skills necessary to comply with existing requirements in this Part

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 300
SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

SUBPART B: ADMINISTRATION

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SUBPART C: POLICIES

SUBPART D: PERSONNEL

SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

SUBPART F: NURSING AND PERSONAL CARE

SUBPART G: RESIDENT CARE SERVICES

AUTHORITY: Implementing and authorized by the Nursing Home Care Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 4151-101 et seq.) [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 1066, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 311, effective July 28, 1980; emergency amendment at 6 Ill. Reg. 3229, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6454, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 11631, effective September 14, 1982; amended at 6 Ill. Reg. 14550 and 14554, effective November 8, 1982; amended at 6 Ill. Reg. 14684, effective November 15, 1982; amended at 7 Ill. Reg. 285, effective December 22, 1982; amended at 7 Ill. Reg. 1972, effective January 28, 1983; amended at 7 Ill. Reg. 8579, effective July 11, 1983; amended at 7 Ill. Reg. 15831, effective November 10, 1983; amended at 7 Ill. Reg. 15864, effective November 15, 1983; amended at 7 Ill. Reg. 16992, effective December 14, 1983; amended at 8 Ill. Reg. 15599, 15603, and 15606, effective August 15, 1984; amended at 8 Ill. Reg. 15947, effective August 17, 1984; amended at 8 Ill. Reg. 16999, effective September 5, 1984; codified at 8 Ill. Reg. 19766; amended at 8 Ill. Reg. 24186, effective November 29, 1984; amended at 8 Ill. Reg. 24668, effective December 7, 1984; amended at 8 Ill. Reg. 25102, effective December 14, 1984; amended at 9 Ill. Reg. 132, effective December 26, 1984; amended at 9 Ill. Reg. 4087, effective March 15, 1985; amended at 9 Ill. Reg. 11049, effective July 1, 1985; amended at 11 Ill. Reg. 16927, effective October 1, 1987; amended at 12 Ill. Reg. 1052, effective December 24, 1987; amended at 12 Ill. Reg. 16811, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 4684, effective March 24, 1989; amended at 13 Ill. Reg. 5134, effective April 1, 1989; amended at 13 Ill. Reg. 20089, effective December 1, 1989; amended at

14 Ill. Reg. 14950, effective October 1, 1990; amended at 15 Ill. Reg. 554, effective January 1, 1991; amended at 16 Ill. Reg. 681, effective January 1, 1992; amended at 16 Ill. Reg. 5977, effective March 27, 1992; amended at 16 Ill. Reg. 17089, effective November 3, 1992; emergency amendment at 17 Ill. Reg. 2420, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8026, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15106, effective September 3, 1993; amended at 17 Ill. Reg. 16194, effective January 1, 1994; amended at 17 Ill. Reg. 19279, effective October 26, 1993; amended at 17 Ill. Reg. 19604, effective November 4, 1993; amended at 17 Ill. Reg. 21058, effective November 20, 1993; amended at 18 Ill. Reg. 1491, effective January 14, 1994; amended at 18 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 300.200 Inspections, Surveys, Evaluations and Consultation

The terms survey, inspection and evaluation are synonymous. These terms refer to the overall examination of compliance with the Act and this Part.

a) All facilities to which this Part applies shall be subject to and shall be deemed to have given consent to annual inspections, surveys or evaluations by properly identified personnel of the Department, or by such other properly identified persons, including local health department staff, as the Department may designate. *An inspection, survey or evaluation, other than an inspection of financial records, ~~shall--be--unannounced.~~ Shall be conducted without prior notice to the facility. A visit for the sole purpose of ~~Consultations~~ consultation may be announced.* The licensee, or person representing the licensee in the facility, shall provide to the representative of the Department access and entry to the premises or facility for obtaining information required to carry out ~~this~~ the Act and this Part. ~~*In-addition, representatives-of-the-Department*~~ In addition, representatives of the Department *shall have access to and may reproduce or photocopy at ~~the Department's~~ its cost any books, records, and other documents maintained by the facility, ~~the-licensee-or-their-representatives~~* the licensee or their representatives *to the extent necessary to carry out the Act ~~and-this-Part~~* and this Part. A facility may charge the Department for such photocopying at a rate determined by the facility not to exceed the rate in the Department's Freedom of Information Rules - (2 Ill. Adm. Code 1126.) Sections 3-212 and 3-213 of the Act)

b) ~~*Before--making*~~ *In determining whether to make more than the required number of unannounced inspections, surveys and evaluations of a facility, the Department shall ~~have-taken-into-account~~ consider one or more of the following ~~criteria~~:*
   1) *previous inspection reports;*
   2) *the facility's history of compliance with ~~the-Act~~* the Act and this Part:
      A) ~~*prior*~~ *correction of violations;*

      B) ~~*prior*~~ *penalties or other enforcement actions;*
      ~~C) *number-and-severity-of-prior-complaints;*~~
   3) *the number and severity of ~~current~~ complaints received about the facility;*
   4) *any allegations of resident abuse or neglect;*
   5) ~~*compliance--with--disaster--preparedness-provisions-under-the-Act*~~ *weather conditions;*
   6) *health emergencies;*
   67) *other reasonable belief that deficiencies ~~regarding--the--Act~~ exist;* and
   ~~7~~8) requirements pursuant to the "1864 Agreement" (42 U.S.C.A. 1395aa) between the Department and U.S. Health and Human Services (HHS) (e.g., annual and follow-up certification inspections, life safety code inspections and any inspections requested by the secretary of HHS). (Section 3-212(b) of the Act)

c) *The Department shall not be required to determine whether a facility certified to participate in the Medicare program under Title XVIII of the Social Security Act, or the Medicaid Program under Title XIX of the Social Security Act, and which the Department determines by inspection to be in compliance with the certification requirements of Title XVIII or XIX, is in compliance with any requirement of* the *Act that is less stringent than or duplicates a federal certification requirement.* (Section 3-212(b-1) of the Act, as added by P.A. 88-278, effective August 10, 1993)

d) *The Department shall,* in accordance with Section 3-212(a) of the Act, *determine whether a certified facility is in compliance with requirements of* the *Act that exceed federal certification requirements* (Section 3-212(b-1) of the Act, as added by P.A. 88-278, effective August 10, 1993).

e) *If a certified facility is found to be out of compliance with federal certification requirements, the results of the inspection conducted pursuant to Title XVIII or XIX of the Social Security Act* (Section 3-212(b-1) of the Act, as added by P.A. 88-278, effective August 10, 1993) shall be reviewed to determined which, if any, of the results shall be considered licensure findings, as follows:
   1) The result identifies potential violations of the Nursing Home Care Act and this Part; and
   2) The result, based on available information, would likely represent a Type A or Type B violation if tested against the factors described in Sections 300.272 and 300.274.

f) All results of an inspection conducted pursuant to Title XVII or XIX of the Social Security Act that the Department considers licensure findings shall be provided to the facility at the time of exit or by mail in accordance with subsection (g) of this Section.

eg) *Upon the completion of each inspection, survey and evaluation, the ~~representative--of--the~~ appropriate Department personnel who conducted the inspection, survey or evaluation shall submit a copy of their report to the licensee ~~or---their---representative;~~* or their representative *upon exiting the facility* or upon considering results

of an inspection conducted pursuant to Title XVIII or XIX of the Social Security Act as licensure findings. A copy of the information gathered during a complaint investigation will not be provided upon exiting the facility. *Comments or documentation provided by the licensee which may refute findings in the report, which explain extenuating circumstances that the facility could not reasonable have prevented, or which indicate methods and timetables for correction of deficiencies described in the report shall be provided to the Department within ten days of receipt of the copy of the report.* (Section 3-212(c) fo the Act)

dh) Consultation consists of providing advice or suggestions to the staff of a facility at their request relative to specific matters of the scope of regulation, methods of compliance with the Act or this Part, or general matters of patient care.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 300.270 Monitor and Receivership

a) *The Department may place an employee or agent to serve as a monitor in a facility when any of the following conditions exist:*
   1) *The facility is operating without a license;*
   2) *The Department has suspended, revoked or refused to renew the existing license of the facility;*
   3) *The facility is closing or has informed the Department that it intends to close and adequate arrangements for relocation of residents have not been made at least 30 days prior to closure*
   4) *The Department determines that an emergency exists, whether or not it has initiated revocation or nonrenewal procedures, if because of the unwillingness or inability of the licensee to remedy the emergency the Department believes a monitor is necessary;* as used in this subsection, *"emergency" means a threat to the health, safety or welfare of a resident that the facility is unwilling or unable to correct;* or
   5) The Department receives notification that *the facility is terminated or will not be renewed for participation in the federal reimbursement program under either Title XVIII* (Medicaid) *or Title XIX* (Medicare) *of the Social Security Act.* (Section 3-501 of the Act)

b) The monitor shall meet the following minimum requirements:
   1) be in good physical health as evidenced by a physical examination by a physician within the last year;
   2) have an understanding of the needs of ~~nursing-home~~ long-term care facility residents as evidenced by one year of experience in working with ~~the~~ elderly or developmentally disabled individuals in programs such as patient care, social work, or advocacy;
   3) have an understanding of the Act and this Part which are the subject of the monitors' duties as evidenced in a personal interview of the candidate;
   4) not be related to the owners of the involved facility either through blood, marriage or common ownership of real or personal property except ownership of stock that is traded on a stock exchange;
   5) have successfully completed a baccalaureate degree; or possess a nursing license or a nursing home administrator's license; and
   6) have two years full-time work experience in the long-term care industry of the State of Illinois.

c) The monitor shall be under the supervision of the Department; shall perform the duties of a monitor delineated in Section 3-502 of the Act; and shall accomplish the following actions:
   1) visit the facility ~~at-least-five-days-per-week-or~~ as directed by the Department;
   2) review all records pertinent to the condition for such monitor's placement under subsection (a) of this Section;
   3) provide to the Department ~~a-weekly~~ written ~~report~~ and ~~a--daily~~ oral ~~report~~ reports detailing the observed conditions of the facility; and
   4) be available as a witness for hearings involving the condition for placement as monitor.

d) All communications, including but not limited to data, memoranda, correspondence, records and reports shall be transmitted to and become the property of the Department. In addition, findings and results of the monitor's work done under this Part shall be strictly confidential and not subject to disclosure without written authorization from the Department or by court order subject to disclosure only in accordance with the provisions of the Freedom of Information Act, subject to the confidentiality requirements of the Act.

e) The assignment as monitor may be terminated at any time by the Department.

f) Through consultation with the long-term care industry associations, professional organizations, consumer groups and health-care management corporations, the Department shall maintain a list of receivers. Preference on the list shall be given to individuals possessing a valid Illinois Nursing Home Administrator's License, experience in financial and operations management of a long-term care facility and individuals with access to consultative experts with the aforementioned experience. To be placed on the list, individuals must meet the following minimum requirements:
   1) be in good physical health as evidenced by a physical examination by a physician within the last year;
   2) have an understanding of the needs of ~~nursing-home~~ long-term care facility residents and the delivery of the highest possible quality of care as evidenced by one year of experience in working with ~~the~~ elderly or developmentally disabled individuals in programs such as patient care, social work, or advocacy;
   3) have an understanding and working knowledge of the Act and this Part, as evidenced in a personal interview of the candidate;

4) have successfully completed a baccalaureate degree, or possess a nursing license or a nursing home administrator's license; and
5) have two years full-time working experience in the Illinois long-term care industry.

g) Upon appointment of a receiver for a facility by a court, the Department shall inform the individual of all legal proceedings to date which concern the facility.

h) The receiver may request that the Director of the Department authorize expenditures from monies appropriated, pursuant to Section 3-511 of the Act, if incoming payments from the operation of the facility are less than the costs incurred by the receiver.

i) In the case of Department ordered patient transfers, the receiver may:
1) assist in providing for the orderly transfer of all residents in the facility to other suitable facilities, or make other provisions for their continued health;
2) assist in providing for transportation of the resident, his medical records and his belongings if he is transferred or discharged; assist in locating alternative placement; assist in preparing the resident for transfer; and permit the resident's legal guardian to participate in the selection of the resident's new location;
3) unless emergency transfer is necessary, explain alternative placements to the resident and provide orientation to the place chosen by the resident or resident's guardian.

j) *In any action or special proceeding brought against a receiver in the receiver's official capacity for acts committed while carrying out* the aforesaid *powers and duties, the receiver shall be considered a public employee under the Local Governmental and Governmental Employees Tort Immunity Act.* (Ill. Rev. Stat. 1991, ch. 85, par. 1-101 et seq.) [745 ILCS 10] *A receiver may be held liable in a personal capacity only for the receiver's own gross negligence, intentional acts or breach of ~~fidiciary~~ fiduciary duty.* (Section 3-513 of the Act)

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 300.330 Definitions

The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility. (Section 1-103 of the Act)

Abuse means:

Physical abuse refers to the infliction of injury on a resident that occurs other than by accidental means and that requires (whether or not actually given medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to residents or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Access - the right to:

Enter any facility;

Communicate privately and without restriction with any resident who consents to the communication;

Seek consent to communicate privately and without restriction with any resident;

Inspect the clinical and other records of a resident with the express written consent of the resident;

Observe all areas of the facility except the living area of any resident who protests the observation. (Section 1-104 of the Act)

Act - as used in this Part, the Nursing Home Care Act (Ill. Rev. Stat. 1991, ch. 111 1/2, ~~par.~~ pars. 4151-101 et seq.) [210 ILCS 45].

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 300.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a type A or type B violation.

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Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator.)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Affiliate - means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder. (Section 1-106 of the Act)

Aide or Orderly - any person providing direct personal care, training or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license. (Section 1-107 of the Act)

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, and psychosocial aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

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Autism - ~~A~~ a syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in this Part means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - ~~a charge nurse is~~ a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Chemical Restraint - is any drug that is *used for dispipline or convenience and* is *not required to treat medical symptoms.* (Section 2-106 of the Act, as amended by P.A. 88-413, effective August 20, 1993)

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term

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Care Facilities for Persons Under 22 Years of Age, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

~~Community-Living-Facility---see-Facility,-Community-Living.~~

Continuing Care Contract - a contract through which a facility agrees to supplement all forms of financial support for a resident throughout the remainder of the resident's life.

Contract - a binding agreement between a resident or the resident's guardian (or, if the resident is a minor, the resident's parent) and the facility or its agent.

Convenience - any action taken by the facility to control resident behavior or maintain residents with a lesser amount of effort by the facility and not in the resident's best interest.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse. ~~Examples-of-physical-abuse are--restraining--a--resident,---striking,---slapping,---hitting,---or withholding-food-as-punishment.-Examples-of-mental-abuse-are-swearing, threatening-and-seclusion.~~

Dentist - any person licensed by the State of Illinois to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Illinois Dental Practice Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 2301 et seq.) [225 ILCS 25].

Department - as used in this Part means the Illinois Department of Public Health.

~~Developmentally--Disabled-----those--individuals--whose--disability-is attributable-to-mental-retardation,-cerebral-palsy,-epilepsy,--autism, or-other-pathological-conditions-which-generally-originate-before-such individuals--attain--age-18,-and-which-continue,-or-can-be-expected-to continue,-indefinitely,-and-which-constitute-a-substantial-functioning handicap-to-such-individuals.~~

Developmental Disabilities (DD) Aide - any person who provides

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nursing, personal or habilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to DD aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

~~Developmental-Disability---a-severe,-chronic-disability--of--a--person which:~~

~~is-attributable-to-a-mental-or-physical-impairment-or-combination of--mental--and--physical-impairment-or-combination-of-mental-and physical-impairments;~~

~~is-manifest-before-age-22;~~

~~is-likely-to-continue-indefinitely;~~

~~results-in-substantial-functional-limitations-in-three-or-more-of the-following-areas-of-major-life-activities:~~

~~self-care;~~

~~receptive-and-expressive-language;~~

~~learning;~~

~~mobility;~~

~~self-direction;~~

~~capacity-for-independent-living;-and~~

~~economic-self-sufficiency;-and~~

~~reflects-the-person's-needs-for-a--combination--and--sequence--of special,--interdisciplinary,-or-generic-care,-treatment,-or-other services--which--are--of--life-long--or--extended--duration---and individually-planned-and-coordinated.~~

Developmental Disability - means a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairements, such as mental retardation, cerebral palsy, epilepsy, autism;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

self-care,

receptive and expressive language,

learning,

mobility,

self-direction

capacity for independent living, and

economic self-sufficiency; and

reflects the person's need for combination and sequence of special, interdisciplinary or generic care treatment or other services which are of lifelong or extended duration and are

individually planned and coordinated. (Section 3-801 of the Act)

Dietetic Service Supervisor - a person who:
is a qualified dietitian; or
is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or
is a graduate, prior to July 1, 1990, of a Department-approved course that ~~provides~~ provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution which included consultation from a dietitian; or
has successfully completed a Dietary Manager's Association approved dietary managers course; or
is certified as a dietary manager by the Dietary Manager's Association; or
has training and experience in food service supervision and management in a military service equivalent in content to the ~~program~~ programs in ~~paragraph~~ paragraphs (2), ~~or~~ (3) or (4) of this definition.

Dietitian - a person who:
is eligible for registration by the American Dietetic Association; or
has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Care Aide - ~~Any~~ any person who provides nursing care, personal care or psychosocial support to residents of specialized living facilities, regardless of title, and who is not a Qualified Professional, as defined in ~~these rules~~ this Part. Direct Care Aides must function under the supervision of a licensed nurse when performing nursing or personal care duties.

Direct Supervision - ~~means that~~ work ~~is~~ performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or his designee. (Section 1-110 of the Act)

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the

nursing services.

Discharge - the full release of any resident from a facility. (Section 1-111 of the Act)

Discipline - any action taken by the facility for the purpose of punishing or penalizing residents.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility. (Section 1-112 of the Act)

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

~~Equivalent--of--a--Graduate--Licensed--Practical--Nurse-----a-licensed practical-nurse,-licensed--by--waiver,--who--successfully--passes--the proficiency--examination-approved-by-the-U.S.-Department-of-Health-and Human-Services-shall--be--considered--the--equivalent--of--a--licensed practical--nurse--who-is-a-graduate-of-an-approved-school-of-practical nursing-for-the-purposes-of-this-Part.~~

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

~~Facility,--Community-living---a-place-of-residence-as-limited-in-these standards-for-between-five-and-eighty-ambulatory-adults-who-are-mildly or-moderately-mentally-retarded-with-a-potential--for--being--absorbed into-the-mainstream-of-community-life.~~

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or

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disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in this Part, is a facility of three or more persons, or distinct part thereof, serving residents of which more than 50 percent are developmentally disabled. Facilities with any number less than 50 percent of developmentally disabled residents, who are determined by the Department with consultation from the Division of Developmental Disabilities, Illinois Department of Mental Health and Developmental Disabilities to need organized social support and training programs, must comply with the program requirements in this Part.

Facility or Long-Term Care Facility - a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code (Ill. Rev. Stat. 1991, ch. 34, pars. 5-21001 et seq. and 5-22001 et seq.) [55 ILCS 5], *or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act* (42 U.S.C.A. 1395 et seq. and 1936 et seq.). A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. *"Facility" does not include the following:*

A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois;

A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, ~~par.~~ pars. 142 et seq.) [210 ILCS 85];

Any "facility for child care" as defined in the Child Care Act of 1969 (Ill. Rev. Stat. 1991, ch. 23, ~~par.~~ pars. 2211 et seq.) [225 ILCS 10];

Any "community living facility" as defined in the Community Living Facilities Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, ~~par.~~ pars. 4181 et seq.) [210 ILCS 35];

Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act (Ill. Rev. Stat. 1991, ch. 91 1/2, ~~par.~~ pars. 621 et seq.) [210 ILCS 140];

Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;

Any facility licensed by the Department of Mental Health and Developmental Disabilities as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act (Ill. Rev. Stat. 1991, ch. 91 1/2, ~~par.~~ pars. 1701 et seq.) [210 ILCS 135]; *or*

Any supportive residence licensed under the Supportive Residences Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 9001 et seq.) [210 ILCS 65]. (Section 1-113 of the Act)

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Facility, Long-Term Care, for Residents Under 22 Years of Age - when used in these standards is synonymous with a long-term care facility for residents under 22 years of age, which facility provides total habilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance, and personal care and oversight.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post-acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

Full-time - means on duty a minimum of 36 hours, four days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian - a person appointed as a guardian of the person or guardian

of the estate, or both, of a resident under the Probate Act of 1975 (Ill. Rev. Stat. 1991, ch. 110 1/2, ~~par.~~ pars. 1-1 et seq.) [755 ILCS 5]. (Section 1-114 of the Act)

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986 (Ill. Rev. Stat. 1991, ch. 32, ~~par.~~ pars. 101.01 et seq.) [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code (Ill. Rev. Stat. 1991, ch. 34, ~~par.~~ pars. 5-22001 et seq.) [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes~~,~~; and which provides maintenance, personal care, nursing or sheltered care to three or more residents, ninety percent of whom are 60 or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

~~House-Manager---a-qualified-person-on-duty-40-hours--a--week--managing the--Community--Living--Facility-and-responsible-for-its-operation-and its-inhabitants.~~

Individual Educational Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in this Part means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1985 Edition).

Interdisciplinary Team - a group of persons that represents those

professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for The Developmentally Disabled ~~(ICF-DDs)~~ (ICF/DD) at least one member of the team shall be a Qualified Mental Retardation Professional. The Interdisciplinary Team includes the resident, the resident's guardian, the resident's primary service providers, including staff most familiar with the resident; and other appropriate professionals and care givers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the Interdisciplinary Team and participate in the process of identifying the resident's strengths and needs.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 3651 et seq.) [225 ILCS 70].

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

Licensee - the person or entity licensed to operate the facility as provided under the Act. (Section 1-115 of the Act)

Life Care Contract - a contract through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life.

Maintenance - food, shelter, and laundry services. (Section 1-116 of the Act)

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of a ~~devices~~ device such as a ~~walkers~~ walker, crutches, a ~~wheelchairs~~ wheelchair, or a wheeled ~~platforms~~ platform.

Mobile Resident - any resident who is able to move about either independently or with the aid of an assistive ~~devices~~ device such as a ~~walkers~~ walker, crutches, a ~~wheelchairs~~ wheelchair, or a wheeled ~~platforms~~ platform.

Monitor - a qualified person placed in a facility by the Department to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to the Department on the operations of the facility.

Neglect - a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. (Section 1-117 of the Act)

Neglect means:

The failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition. This shall include any allegation where:

the alleged failure causing injury or deterioration is ongoing or repetitious; or

a resident required medical treatment as a result of the alleged failure; or

the failure is alleged to have caused a noticeable negative impact on a resident's health, behavior or activities for more than 24 hours.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an

existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Nurse - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 3501 et seq.) [225 ILCS 65]. (Section 1-118 of the Act)

Nursing Assistant - ~~Any~~ any person who provides nursing care or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Professional Regulation to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable designated area of a facility consisting of all the beds within the designated area, but having no more than 75 beds, none of which are more than 120 feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered with the Department of Professional Regulation as an occupational therapist under the Illinois Occupational Therapy Practice Act (Ill. Rev. Stat. 1991, ch. 111, par. 3701 et seq.) [225 ILCS 75].

Occupational Therapy Assistant - a person who is registered with the Department of Professional Regulation as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Other Resident Injury - occurs where a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

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Oversight - general watchfulness and appropriate reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

Owner - the individual, partnership, corporation, association or other person who owns a facility. In the event a facility is operated by a person who leases the physical plant, which is owned by another person, "owner" means the person who operates the facility, except that if the person who owns the physical plant is an affiliate of the person who operates the facility and has significant control over the day-to-day operations of the facility, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 1-119 of the Act)

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever.

Personal Care - assistance with meals, dressing, movement, bathing, or other personal needs, or maintenance, or general supervision and oversight of the physical and mental well-being of an individual, ~~exclusive of nursing,~~ who, ~~because of age, physical or mental disability, emotional or behavior disorder, or mental retardation~~ is incapable of maintaining a private, independent residence, or who is incapable of managing his person whether or not a guardian has been appointed for such individual. (Section 1-120 of the Act)

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 4121 et seq.) [225 ILCS 85].

Physical Restraint - any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual *cannot remove easily and which restricts freedom of movement or normal access to one's body.* (Section 2-106 of the Act, as amended by P.A. 88-413, effective August 20, 1993)

Physical Therapist Assistant - a person who has graduated from a two year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered with the Department of Professional Regulation as a physical therapist under the Illinois

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Physical Therapy Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 4251 et seq.) [225 ILCS 90].

Physician - any person licensed by the State of Illinois to practice medicine in all its branches as provided in the Medical Practice Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 4400-1 et seq.) [225 ILCS 60].

Probationary License - an initial license issued for a period of 120 days during which time the Department will determine the qualifications of the applicant.

~~Program--Coordinator---a-qualified-person-directly-responsible-for-the overall-program,--operation--and--management--of--a--Community--Living Facility.~~

~~Program--Unit---a--resident-care-unit-in-Specialized-Living-Facilities equivalent-to-a-nursing-unit-in-Skilled-Nursing-facilities-as--defined in-this-Part.~~

Psychiatrist - a physician who has had at least three years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is licensed by the Illinois Department of Professional Regulation to practice clinical psychology under the Clinical Psychologist Licensing Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 5351 et seq.) [225 ILCS 15].

Qualified Mental Retardation Professional - a person who has at least one year of experience working directly with individuals with developmental disabilities and meets at least one of the following additional qualifications:

Be a physician as defined in this Section.
Be a registered nurse as defined in this Section.
Hold at least a bachelor's degree in one of the following fields: occupational therapy, physical therapy, psychology, social work, speech or language pathology, recreation (or a recreational specialty area such as art, dance, music, or physical education), dietary services or dietetics, or a human services field (such as sociology, special education, or rehabilitation counseling).

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, or certified by the State of Illinois, if required.

Reasonable visiting hours - any time between the hours of 10 a.m. and 8 p.m. daily. (Section 1-121 of the Act)

Registered Nurse - a person with a valid Illinois license from the Illinois Department of Professional Regulation to practice as a registered professional nurse under the Illinois Nursing Act of 1987.

Repeat Violation - For purposes of assessing fines under Section 3-305 of the Act, a violation that has been cited during one inspection of the facility for which a subsequent inspection indicates that *an accepted plan of correction was not complied with,* within a period of not more than twelve months from the issuance of the initial violation. *A repeat violation shall not be a new citation of the same rule, unless the licensee is not substantially addressing the issue routinely throughout the facility.* (Section 3-305(7) of the Act)

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

Resident - person residing in and receiving personal care from a facility. (Section 1-122 of the Act)

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

Resident's Representative - a person other than the owner, or an agent or employee of a facility not related to the resident, designated in writing by a resident to be his representative, or the resident's guardian, or the parent of a minor resident for whom no guardian has been appointed. (Section 1-123 of the Act)

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Restraint of a Resident - ~~the application of a device to limit movements.~~ use of a physical or chemical restraint.

Room - a part of the inside of a facility that is partitioned

continuously from floor to ceiling with openings closed with glass or hinged doors.

~~Safety Device - any equipment or protective device used on a bed, chair, or resident which prevents him from falling or otherwise injuring himself. Examples are: bedside rails; geriatric or adaptive chairs; a wide band, vest or sheet applied to prevent falling out of a bed or chair; and hand socks applied to prevent injuring one's self.~~

Sanitization - the reduction of pathogenic organisms on a utensil surface to a safe level, which is accomplished through the use of steam, hot water, or chemicals.

Satisfactory - same as adequate.

Seclusion - the retention of a resident alone in a room which the resident cannot open.

Self Preservation - the ability to follow directions ~~or~~ and recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

Sheltered care - maintenance and personal care. (Section 1-124 of the Act)

Social Worker, Qualified - a person who:

is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act (Ill. Rev. Stat. 1991, ch. 111, ~~par.~~ pars. 6351 et seq.) [225 ILCS 20]; and

~~is a graduate of a school of social work which has been approved by the Council on Social Work Education (some schools are approved for Bachelor's Degree programs and others for Master's Degree programs); and~~

~~has one year of social work experience in a health care setting.~~

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least five percent of any class of securities issued by the corporation. (Section 1-125 of the Act)

Story - when used in this Part, means that portion of a building between the upper surface of any floor and the upper surface of the

floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

an academic credit requirement in a high school or undergraduate institution, or

immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment. (Section 1-125.1 of the Act)

Substantial Compliance - meeting requirements except for variance from the strict and literal performance, which results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections ~~300.280(g)(8),--300.280(k)(2)--and--300.280(k)(4);~~ 300.140(a)(3) and 300.150(a)(3).

Substantial ~~failure~~ Failure - the failure to meet requirements other than a variance from the strict and literal performance, which results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in ~~Sections~~ Section ~~300.180(b)(1)-and-300.260(f);~~ 300.165(b)(1).

Sufficient - ~~Same~~ same as adequate.

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in this Part, the supervisor must be on the premises if the person does not meet assistant level (two-year training program) qualifications specified in these definitions.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

Title XVIII - Title XVIII of the Federal Social Security Act as now or hereafter amended. (Section 1-126 of the Act)

Title XIX - Title XIX of the Federal Social Security Act as now or hereafter amended. (Section 1-127 of the Act)

Transfer - a change in status of a resident's living arrangements from one facility to another facility. (Section 1-128 of the Act)

Type A Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. (Section 1-129 of the Act)

Type B Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility directly threatening to the health, safety or welfare of a resident. (Section 1-130 of the Act)

Unit - an entire physically identifiable residence area~~,--in-Community Living-Facilities-consisting-of-not-less-than-five-nor--more--than--20 beds,--and~~ having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective rules governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

SUBPART C: POLICIES

Section 300.680 Restraints ~~and-Safety-Devices~~

a) ~~There~~ The facility shall ~~be~~ have written policies ~~which--are--followed in--the--operation--of--the--facility,~~ controlling the use of ~~safety devices.~~ restraints including but not limited to leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot more; bed rails; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger

electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel. ~~(B)~~

~~b) Safety devices, with the exception of side rails and geriatric chairs shall be used only upon written order of the attending physician and for the safety and security of the residents. In an emergency a telephone order is acceptable if taken as specified in Section 300.1620(a)(2). (B)~~

~~c) The reasons for ordering and using safety devices shall be recorded in the clinical record. The recordings shall contain ongoing evaluations of the need for the safety devices and the measures being taken to reduce or eliminate the need for their use.~~

~~d) A resident wearing a safety device shall have it released for a few minutes at least once every two hours, or more often if necessary. Residents in geriatric chairs shall be assisted to ambulate every two hours or more often if necessary and their physical condition permits. The resident's position shall be changed at these times, and good skin care or other nursing needs provided. (B)~~

b~~e~~) No ~~safety device~~ restraints with locks shall be used. (B)

c) Physical restraints shall not be used on a resident for the purposes of dicipline or convenience.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 300.682 Nonemergency Use of Restraints

a) Physical restraints shall only be used when required to treat the residents' medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:

1) the assessment of the resident's capabilities and an evaluation and trial of less restrictive alternatives that could prove effective;

2) the assessment of a specific medical symptom, including life-saving treatment, that requires the use of restraints, those symptoms being treated and how the use of restraints will assist the resident in reaching his or her *highest practicable physical, mental or psychosocial well being;*

3) consultation with appropriate health professionals, such as occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and

4) demonstration by the care planning process that using a restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the *highest practicable physical, mental or psychosocial well being.* (Section 2-106(c) of the Act, as added by P.A. 88-413, effective August 20, 1993)

b) *A restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106(c) of the Act, as added by P.A. 88-413, effective August 20, 1993) Informed consent includes information about potential negative outcomes of the use of a particular restraint, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact.

c) Use of a restraint may only be authorized for a specified period of time. The effectiveness of the restraint in treating medical symptoms or as a therapeutic intervention, and any negative impact on the resident, shall be assessed by the facility throughout the period of time the restraint is used.

d) After the authorized period for use of a restraint has expired, information about the actual effectiveness of the restraint in treating the resident's medical symptoms or as a therapeutic intervention and about any actual negative impact on the resident shall be given to the resident, resident's guardian, or other authorized representative before the facility secures an informed consent for an additional period of time.

e) *A restraint may be applied only by* staff *trained in the application of the particular type of restraint.* (Section 2-106(d) of the Act, as added by P.A. 88-413, effective August 20, 1993)

f) *Whenever a period of use of a restraint is initiated, the resident shall be advised of his or her right to have a person or organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the restraint.* A period of use of a restraint is initiated when a particular restraint is applied to a resident for the first time under a new or renewed authorization for the use of that restraint. *A recipient who is under guardianship may request that a person or organization of his or her choosing be notified of the restraint, whether or not the guardian approves the notice. If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted.* (Section 2-106(e) of the Act, as added by P.A. 88-413, effective August 20, 1993)

g) *Whenever a restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the resident or others.* (Section 2-106(f) of the Act, as added by P.A. 88-413, effective August 20, 1993)

h) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the progressive removal of restraints or the progressive use of less restrictive means.

i) A resident wearing a restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, residents shall be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate.

j) No form of seclusion shall be permitted.

(Source: Added at 18 Ill. Reg. _____, effective _____)

Section 300.684 Emergency Use of Restraints

a) *If a resident needs emergency care, restraints may be used for brief periods to permit treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of the treatment in question.* (Section 2-106(c) of the Act, as added by P.A. 88-413, effective August 20, 1993)

b) For this Section only, "emergency care" means the unforeseen need for immediate treatment inside or outside the facility that is necessary to:

1) save the resident's life;

2) prevent the resident from doing serious mental or physical harm to himself/herself; or

3) prevent the resident from injuring another individual.

c) If a resident needs emergency care and other less restrictive interventions have proved ineffective, a restraint may be used briefly to permit treatment to proceed. The attending physician shall be contacted immediately for orders. If the attending physician is not available, the facility's advisory physician or Medical Director shall be contacted. If a physician is not immediately available, a nurse with supervisory responsibility may approve, in writing, the use of physical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician as soon as possible, but no later than within eight hours. The resident must be in view of a staff person at all times the restraint is in place until the resident has been examined by a physician. The resident's needs for toileting, ambulation, hydration, nutrition, repositioning, and skin care must be met during the temporary restraint.

d) The emergency use of a restraint must be documented in the resident record, including:

1) the behavior incident that prompted the use of the restraint;

2) the date and times the restraint was applied and released;

3) the name and title of the person responsible for the application and supervision of the restraint;

4) the action by the resident's physician upon notification of the restraint use;

5) the new or revised orders issued by the physician; and

6) the date of the scheduled care planning conference or the reason a care planning conference is not needed, in light of the resident's emergency need for restraints.

e) The facility's emergency use of restraints shall comply with Sections 300.680(b) and (c) and 300.682 (b), (e), (f), (g), and (j).

(Source: Added at 18 Ill. Reg. _____, effective _____)

Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Drugs

a) *A resident shall not be given unnecessary drugs* in accordance with Section 300.Appendix F. In addition, *an unnecessary drug is any drug used:*

1) *in an excessive dose, including in duplicative therapy;*

2) *for excessive duration;*

3) *without adequate monitoring;*

4) *without adequate indications for its use; or*

5) *in the presence of adverse consequences that indicate the drugs should be reduced or discontinued.* (Section 2-106.1(a) of the Act, as added by P.A. 88-413, effective August 20, 1993)

b) *Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative.* (Section 2-106.1(b) of the Act, as added by P.A. 88-413, effective August 20, 1993)

c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific condition as diagnosed and documented in the clinical record in accordance with Section 300.Appendix F.

d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated in an effort to discontinue these drugs in accordance with Section 300.Appendix F.

e) For the purposes of this Section:

1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, that have a sedative effect.

2) "Psychotropic medication" *means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest edition of the AMA Drug Evaluations or the Physician's Desk Reference or* Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993. (Section 2-106.1(b) of the Act, as added by P.A. 88-413, effective August 20, 1993)

3) "Antipsychotic Drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.

(Source: Added at 18 Ill. Reg. _____, effective _____)

SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

Section 300.1040 Behavior Emergencies (Repealed)

~~a) If a resident becomes disturbed or unmanageable, he shall be examined by his physician. This medical examination shall be made promptly. (B)~~

~~b) No form of seclusion shall be permitted.~~

~~c) Restraints shall be used only in an emergency and only upon a physician's order until the resident is examined by the doctor. This examination shall be carried out promptly. Restraints may be applied only by personnel trained in proper application and observation of this equipment. (See Section 2-106 of the Act.) (B)~~

~~d) The reason for ordering and using restraints shall be recorded in the clinical record. There shall be written policies, which are followed in the operation of the facility, covering the use of restraints.~~

(Source: Repealed at 18 Ill. Reg. _____, effective _____)

SUBPART F: NURSING AND PERSONAL CARE

Section 300.1210 General Requirements for Nursing and Personal Care

a) Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. (A, B)

b) Restorative/rehabilitative nursing measures shall be practiced on a 24 hour day, seven day week basis. Those procedures requiring medical approval shall be ordered by the attending physician. Restorative measures shall include at a minimum the following procedures: ~~(A, B)~~

1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program which includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsection (b)(2) of this Section. This person may be the Director of Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to

be in charge of the restorative/rehabilitative nursing program. ~~(B)~~

2) All nursing personnel shall encourage and assist residents in maintaining good body alignment while standing, sitting or lying in bed. ~~(B)~~

3) All nursing personnel shall assist residents in maintaining maximum joint range of motion and active range of motion. ~~(B)~~

4) Residents who are incontinent shall be evaluated for an individualized bowel and bladder program and such a program shall be instituted when appropriate. The use of indwelling catheters shall be discouraged. ~~(B)~~

5) All nursing personnel shall encourage and, when necessary, teach residents to function at their maximum level in all activities of daily living. ~~(B)~~

6) All nursing personnel shall assist and encourage residents with ambulation as often as necessary (but not less than daily, unless otherwise ordered by the physician. ~~(B)~~

7) All nursing personnel shall teach and assist residents with safe transfer activities in an effort to help them retain or regain their maximum level of independence. ~~(B)~~

8) Documentation of resident treatment and response to same shall be maintained as set forth in Section 300.1810(c). ~~(B)~~

c) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: ~~(A, B)~~

1) Medications including oral, rectal, hypodermic, intravenous and intramuscular shall be properly administered. ~~(A, B)~~

2) Treatments and procedures, including, but not limited to, enemas, irrigations, catherizations, applications of dressing or bandages, supervision of special diets, shall be properly carried out. ~~(A, B)~~

3) All treatments and procedures shall be administered as ordered by the physician. ~~(A, B)~~

4) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. ~~(A, B)~~

5) Personal care, as defined in Section 300.330, shall be provided on a 24-hour, seven day a week basis. This shall include, but not be limited to, the following: ~~(A, B)~~

A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. ~~(B)~~

B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene. ~~(B)~~

C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by ~~their~~ his/her

physician, this should be street clothes and shoes. ~~(B)~~

D) Each resident shall have clean bed linens at least once weekly and more often if necessary. ~~(B)~~

6) A regular program to prevent and treat pressure sores shall be practiced on a 24 hour, seven day a week basis, including, but not limited to: ~~(A, B)~~

A) An evaluation of each resident shall be conducted upon admittance and as necessary to determine the suseptibility of the resident to skin breakdown. Preventive measures and treatment measures shall be carried out by facility staff. ~~(B)~~

B) Skin care shall be provided which includes but is not Skin care shall be provided which includes but is not limited to bathing, clean linens, and clothing each time the resident, the bed or clothing is soiled. ~~(B)~~

C) Residents shall be assisted in being up and out of bed as much as possible and shall be repositioned whether in bed or out of bed as their condition incidates ~~(A,B)~~

D) Proper equipment shall be untitled to prevent or treat pressure sores, such as proper padding between pressure points, adaptive equipment, splints, and water mattresses. ~~(B)~~

E) An evaluation of each resident's nutritional status shall be conducted to determine if increased nutritional support is needed. ~~(B)~~

7) All necessary precautions shall be taken to assure the safety of residents at all times, such as but not limited to: nonslip wax on floors, ~~side-rails-on--beds,~~ safe equipment, ~~and~~ assistive devices properly maintained, and proper use of ~~safety-devices~~ restraints and side rails on beds. ~~(See-Section--300.600.)---(A, B,)~~

(Source: Amended at 18 Ill. Reg. _____, effective _____)

SUBPART H: MEDICATIONS

Section 300.1620 Conformance With Physician's Orders

~~a) Physician's-Orders-and-Telephone-Orders~~

a) All medications, including cathartics, headache remedies, or vitamins, shall be given only upon the written order of a physician. All such orders shall have the handwritten signature of the physician. (Rubber stamp signatures are not acceptable.) These medications shall be given as prescribed by the physician and at the designated time. ~~(A, B)~~

b) ~~2)~~ Telephone orders may be taken by a registered nurse or licensed practical nurse. All such orders shall be immediately written on the resident's clinical record, or a "telephone order form" and

signed by the nurse taking the order. These orders shall be countersigned by the physician within 10 ~~five-working~~ days. Facilities participating in Medicare/Medicaid must meet the applicable Federal regulations. ~~(B)~~

cb) Review of medication orders: The staff pharmacist or consultant pharmacist shall review the medical record, including physician orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 300.Appendix F, determine if there are irregularities which would cause potential adverse reactions, allergies, contraindications, or ineffectiveness. This review shall be done at the facility. Documentation of this review must be entered in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, and the administrator. ~~(A, B)~~

dc) A medication order not specifically limiting the time or number of doses shall be automatically stopped in accordance with written policies approved by the pharmaceutical advisory committee. ~~(B)~~

ed) The resident's attending physician shall be notified of medications about to be stopped so that the physician may promptly renew such orders to avoid interruption of the resident's therapeutic regimen. ~~(B)~~

fe) All medications to be released to the resident, or person responsible for the resident's care, at the time of discharge or when the resident is going to be temporarily out of the facility at medication time, (such as when attending a vocational training program or on a weekend pass) shall be approved by the physician. A notation concerning their disposition shall be made on the resident's clinical record.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

SUBPART R: DAY CARE PROGRAMS

Section 300.APPENDIX F Guidelines for the Use of Various Drugs

A. Long-Acting Benzodiazepine Drugs

The following long-acting benzodiazepine drugs should not be used in residents unless an attempt with a shorter-acting drug (i.e., those listed under B. Benzodiazepine or Other Anxiolytic/Sedative Drugs, and under C. Drugs Used for Sleep Induction) has failed.

After an attempt with a shorter-acting benzodiazepine drug has failed, a long-acting benzodiazepine drug should be used only if:

1. Evidence exists that other possible reasons for the resident's distress have been considered and ruled out;
2. Its use results in maintenance or improvement in the resident's functional status;
3. Daily use is less than four continuous months unless an attempt

at a gradual dose reduction is unsuccessful; and

4. Its use is less than, or equal to, the following listed total daily doses unless higher doses (as evidenced by the resident's response and/or the resident's clinical record) are necessary for the maintenance, or improvement in the resident's functional status.

LONG-ACTING BENZODIAZEPINES

Generic	Brand	Daily Oral Dosage
Flurazepam	(Dalmane)	15mg
Chlordiazepoxide	(Librium)	20mg
Clorazepate	(Tranxene)	15mg
Prazepam	(Centrax)	15mg
Diazepam	(Valium)	5mg
Clonazepam	(Klonopin)	1.5mg
Quazepam	(Doral)	7.5mg

NOTES: When diazepam is used for neuromuscular syndromes (e.g., cerebral palsy, tardive dyskinesia or seizure disorders), this guideline does not apply.

When long-acting benzodiazepine drugs are being used to withdraw residents from short-acting benzodiazepine drugs, this guideline does not apply.

When clonazepam is used in bi-polar disorders, management of tardive dyskinesia, nocturnal myoclonus or seizure disorders, this guideline does not apply.

The daily doses listed under Long-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is "clinically contraindicated."

B. Benzodiazepine or other Anxiolytic/Sedative Drugs

Use of the listed Anxiolytic/Sedative drugs for purposes other than sleep induction should only occur if:

1. Evidence exists that other possible reasons for the resident's

distress have been considered and ruled out;

2. Use results in a maintenance or improvement in the resident's functional status;

3. Daily use (at any dose) is less than four continuous months unless an attempt at a gradual dose reduction is unsuccessful;

4. Use is for one of the following indications as defined by the Diagnostic and Statistical Manual of Mental Disorders (third edition - revised) or subsequent editions:
   Generalized anxiety disorder;
   Organic mental syndromes (including dementia) with associated agitated states which are quantitatively and objectively documented and which constitute sources of distress or dysfunction to the resident or represent a danger to the resident or others;
   Panic disorder;
   Symptomatic anxiety that occurs in residents with another diagnosed psychiatric disorder (e.g., depression, adjustment disorder); and

5. Use is equal to or less than the following listed total daily doses, unless higher doses (as evidenced by the resident response and/or the resident's clinical record) are necessary for the improvement or maintenance in the resident's functional status.

SHORT-ACTING BENZODIAZEPINES

Generic	Brand	Daily Oral Dosage
Lorazepam	(Ativan)	2mg
Oxazepam	(Serax)	30mg
Alprazolam	(Xanax)	0.75mg
Halazepam	(Paxipam)	40mg

OTHER ANXIOLYTIC AND SEDATIVE DRUGS

Generic	Brand	Daily Oral Dosage
Buspirone HCl	(BuSpar)	30mg
Diphenhydramine	(Benadryl)	50mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	750mg

NOTES: The daily doses listed under Short-Acting Benzodiazepines are doses (usually administered in divided doses) for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase

doses. The facility may exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

For drugs in this category, a gradual dose reduction should be attempted at least twice within one year before one can conclude that a gradual dose reduction is "clinically contraindicated."

Diphenhydramine, hydroxyzine and chloral hydrate are not necessarily drugs of choice for treatment of anxiety disorders. They are only listed here in the event of their potential use.

C. Drugs Used for Sleep Induction

Drugs used for sleep induction should only be used if:

1. Evidence exists that other possible reasons for insomnia (e.g., depression, pain, noise, light, caffeine) have been ruled out;

2. The use of a drug to induce sleep results in the maintenance or improvement of the resident's functional status;

3. Daily use of the drug is less than ten continuous days unless an attempt at a gradual dose reduction is unsuccessful;

4. The dose of the drug is equal or less than the following listed doses unless higher doses (as evidenced by the resident response and/or the resident's clinical record) are necessary for maintenance or improvement in the resident's functional status.

HYPNOTIC DRUGS

Generic	Brand	Oral Dosage
Temazepam	(Restoril)	15mg
Triazolam	(Halcion)	0.125mg
Lorazepam	(Ativan)	1mg
Oxazepam	(Serax)	15mg
Alprazolam	(Xanax)	0.25mg
Halazepam	(Paxipam)	20mg
Diphenhydramine	(Benadryl)	25mg
Hydroxyzine	(Atarax, Vistaril)	50mg
Chloral Hydrate	(Many Brands)	500mg

NOTES: Diminished sleep in the elderly is not necessarily pathological.

The doses listed are doses for "geriatric" or "elderly" residents. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may

exceed these doses if it provides evidence to show why it was necessary for the maintenance or improvement in the resident's functional status.

Diphenhydramine, hydroxyzine, and chloral hydrate are not necessarily drugs of choice for sleep disorders. They are listed here only in the event of their potential use.

For drugs in this category, a gradual dose reduction should be attempted at least three times within six months before one can conclude that a gradual dose reduction is "clinically contraindicated."

D. Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs

The initiation of the following hypnotic/sedative/anxiolytic drugs should not occur in any dose for any resident. (See Notes for exceptions.) Residents currently using these drugs or residents admitted to the facility while using these drugs should receive gradual dose reductions as part of a plan to eliminate or modify the symptoms for which they are prescribed. A gradual dose reduction should be attempted at least twice within one year before one can conclude that the gradual dose reduction is clinically contraindicated. Newly admitted residents using these drugs may have a period of adjustment before a gradual dose reduction is attempted.

(Caution: The Rapid withdrawal of these drugs might result in severe physiological withdrawal symptoms.)

BARBITURATES (EXAMPLES)

Generic	Brand
Amobarbital	(Amytal)
Butabarbital	(Butisol, others)
Pentobarbital	(Nembutal)
Secobarbital	(Seconal)
Phenobarbital	(Many Brands)
Amobarbitol-Secobarbital	(Tuinal)
Barbiturates with other drugs	(e.g., Fiorinal)

MISCELLANEOUS HYPNOTIC/SEDATIVE/ANXIOLYTICS

Generic	Brand
Glutethimide	(Doriden)
Methprylon	(Noludar)
Ethchlorvynol	(Placidyl)

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Meprobamate	(Equinal, Miltown)
Paraldehyde	(Many Brands)

NOTES: Amobarbital is excepted from this Guideline when used as a single dose sedative for dental or medical procedures.

Phenobarbital is excepted from this Guideline when used in the treatment of seizure disorders.

When Miscellaneous Hypnotic/Sedative/Anxiolytic Drugs are used outside these Guidelines, they may be unnecessary drugs as a result of inadequate indications for use.

E. Antipsychotic Drugs

The following examples of antipsychotic drugs should not be used in excess of the listed doses for residents with organic mental syndromes (e.g., dementia, delirium) unless higher doses (as evidenced by the resident's response or the resident's clinical record) are necessary to maintain or improve the resident's functional status.

ANTIPSYCHOTIC DRUGS FOR RESIDENTS WITH ORGANIC MENTAL SYNDROMES

Generic	Brand	Daily Oral Dosage
Chlorpromazine	(Thorazine)	75 mg
Promazine	(Sparine)	150 mg
Triflupromazine	(Vesprin)	20 mg
Thioridazine	(Mellaril)	75 mg
Mesoridazine	(Serentil)	25 mg
Acetophenazine	(Tindal)	20 mg
Perphenazine	(Trilafon)	8 mg
Fluphenazine	(Prolixin, Permitil)	4 mg
Trifluoperazine	(Stelazine)	8 mg
Chlorprothixene	(Taractan)	75 mg
Thiothixene	(Navane)	7 mg
Haloperidol	(Haldol)	4 mg
Molindone	(Moban)	10 mg
Loxapine	(Loxitane)	10 mg
Clozapine	(Clozaril)	50 mg
Prochlorperazine	(Compazine)	10 mg

NOTES: The doses listed are daily doses (usually administered in divided doses) for residents with organic mental syndromes. The facility is encouraged to initiate therapy with lower doses and when necessary only gradually increase doses. The facility may exceed these doses if it provides evidence to show why it is necessary for the maintenance or improvement in the resident's functional status.

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The "specific conditions" for use of antipsychotic drugs are listed under this Guideline, item G.

The dose of prochlorperazine may be exceeded for short term (seven day) treatment of nausea and vomiting.

When antipsychotic drugs are used outside these Guidelines, they may be deemed unnecessary drugs as a result of excessive dose.

F. Monitoring for Antipsychotic Drug Side Effects

The facility assures that residents who are undergoing antipsychotic drug therapy receive adequate monitoring for significant side effects of such therapy with emphasis on the following:

1. Tardive dyskinesia;
2. Postural (orthostatic) hypotension;
3. Cognitive/behavior impairment;
4. Akathisia; and
5. Parkinsonism.

When antipsychotic drugs are used without monitoring for these side effects, they may be unnecessary drugs because of inadequate monitoring.

G. Use of Antipsychotic Drugs

Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions":

1. Schizophrenia;
2. Schizo-affective disorder;
3. Delusional disorder;
4. Psychotic mood disorders (including mania and depression with psychotic features);
5. Acute psychotic episodes;
6. Brief reactive psychosis;
7. Schizophreniform disorder;
8. Atypical psychosis;
9. Tourette's disorder;
10. Huntington's disease;
11. Organic mental syndromes (including dementia and delirium) with associated psychotic and/or agitated behaviors:
    a. Which have been quantitatively (number of episodes) and objectively (e.g., biting, kicking, scratching) documented;
    b. Which are not caused by preventable reasons; and
    c. Which are causing the resident to:
        Present a danger to her/himself or to others,

Continuously cry, scream, yell, or pace if these specific behaviors cause an impairment in functional capacity, or

Experience psychotic symptoms (hallucinations, paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or pacing but which cause the resident distress or impairment in functional capacity; or

12. Short term (7 days) symptomatic treatment of hiccups, nausea, vomiting or pruritus.

Antipsychotics should not be used if one or more of the following is/are the only indication:

1. Wandering,
2. Poor self care,
3. Restlessness,
4. Impaired memory,
5. Anxiety,
6. Depression (without psychotic features),
7. Insomnia,
8. Unsociability,
9. Indifference to surroundings,
10. Fidgeting,
11. Nervousness,
12. Uncooperativeness, or
13. Agitated behaviors which do not represent danger to the resident or others.

As needed or P.R.N. antipsychotic drugs should only be used when the resident has a "specific condition" for which antipsychotic drugs are indicated (that is, points one through twelve above, and one of the following circumstances exists:

1. The as needed or P.R.N. dose is being used to titrate the resident's total daily dose up to achieve symptom relief, or down to avoid side effects, or down to effect a gradual dose reduction, or
2. The as needed or P.R.N. dose is being used to manage unexpected harmful behaviors that cannot be managed without antipsychotic drugs. Under this circumstance, a P.R.N. antipsychotic drug may be used no more than twice in any seven day period without an assessment of the cause for the resident's behavioral symptoms, and the development of a plan of care designed to attempt to reduce or eliminate the cause(s) for the harmful behavior.

H. Antipsychotic Drug Gradual Dose Reduction

Residents must, unless clinically contraindicated, have gradual dose reductions of the antipsychotic drug. The gradual dose reduction should be under close supervision. If the gradual dose reduction is

causing an adverse effect on the resident and the gradual dose reduction is discontinued, documentation of this decision and the reasons for it should be included in the clinical record. Gradual dose reductions consist of tapering the resident's daily dose to determine if the resident's symptoms can be controlled by a lower dose or to determine if the dose can be eliminated altogether.

"Behavioral interventions" means modification of the resident's behavior or the resident's environment, including staff approaches to care, to the largest degree possible to accommodate the resident's behavioral symptoms.

"Clinically contraindicated" means that a resident with a "specific condition" (as listed in these Guidelines under item G,1-11) who has had a history of recurrence of psychotic symptoms (e.g., delusions, hallucinations) which have been stabilized with a maintenance dose of an antipsychotic drug without incurring significant side effects (e.g., tardive dyskinesia) should not receive gradual dose reductions. In residents with organic mental syndromes (e.g., dementia, delirium), "clinically contraindicated" means that a gradual dose reduction has been attempted twice in one year and that attempt resulted in the return of symptoms for which the drug was prescribed to a degree that a cessation in the gradual dose reduction, or a return to previous dose levels was necessary.

I. Exceptions to These Guidelines

The facility shall have the opportunity to provide a rationale for the use of drugs prescribed outside these Guidelines. The facility may not justify the use of a drug prescribed outside these Guidelines solely on the basis of "the doctor ordered it." The rationale must be based on sound risk-benefit analysis of the resident's problem and potential adverse effects of the drug.

The unnecessary drug criterion of "adequate indications for use" does not simply mean that the physician's order must include a reason for using the drug (although such order writing is encouraged). It means that the resident lacks a valid clinical reason for use of the drug as evidenced by the evaluation of some, but not necessarily all, of the following: resident assessment, plan of care, reports of significant change, progress notes, laboratory reports, professional consults, drug orders, observation and interview of the resident, and other information.

In determining whether an antipsychotic drug is without a "specific condition" or that "gradual dose reduction and behavioral interventions" have not been performed, the facility shall justify why using the drug outside these Guidelines is in the best interest of the resident.

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Examples of evidence that would support a justification of why a drug is being used outside these Guidelines but in the best interests of the resident may include, but are not limited to:

1. A physician's note indicating, for example, that the dosage, duration, indication, and monitoring are clinically appropriate, and the reasons why they are clinically appropriate; this note should demonstrate that the physician has carefully considered the risk/benefit to the resident in using drugs outside these Guidelines;

2. A medical or psychiatric consultation or evaluation (e.g., Geriatric Depression Scale) that confirms the physician's judgment that use of a drug outside those Guidelines is in the best interest of the resident;

3. Physician, nursing, or other health professional documentation indicating that the resident is being monitored for adverse consequences or complications of the drug therapy;

4. Documentation confirming that previous attempts at dosage reduction have been unsuccessful;

5. Documentation (such as MDS documentation) showing resident's subjective or objective improvement, or maintenance of function while taking the medication;

6. Documentation showing that a resident's decline or deterioration is evaluated by the interdisciplinary team to determine whether a particular drug, or a particular dose, or duration of therapy, may be the cause;

7. Documentation showing why the resident's age, weight, or other factors would require a unique drug dose or drug duration, indication, monitoring.

8. Other evidence which may be appropriate.

(Source: Added at 18 Ill. Reg. _____, effective _____)

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Issuance of Licenses

2) Code Citation: 92 Ill. Adm. Code 1030

3)

Section Numbers:	Proposed Action:
1030.13	New Section
1030.86	Amendment
1030.120	Amendment

4) Statutory Authority: Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/2-104(b)] and Article I of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 6, Art I].

5) A Complete Description of the Subjects and Issues Involved:
The new Section 1030.13 is being added in response to P.A. 88-197 regarding driver's license applications of minors. This rulemaking outlines the authority and procedure for denial of a license or permit. Section 1030.86 is being amended to indicate a favorable medical report must be on file within the previous 3 months, instead of 6 months before an applicant takes a second or subsequent road test. Section 1030.120 is being amended in response to P.A. 88-197, which allows for the invalidation of a license based on the death of the holder, consent or a court order.

6) Will these proposed amendments replace any emergency amendment currently in effect? No.

7) Do these rulemakings contain an automatic repeal date? No.

8) Do these proposed amendments contain incorporation by reference? No.
this amendment does not contain incorporations by reference.

9) Are there any other proposed amendment pending on this part? No.

10) Statement of Statewide Policy Objectives:
This rulemaking will have no effect on local units of government.

11) Time, Place and Manner in which interested persons may comment on these proposed rulemakings:
The Secretary of State will fully consider all comments received within 45 days of the date this notice is published. All comments must be in writing and should be sent to:

Mark A. Novak
Assistant Counsel to the Secretary
2701 S. Dirksen Parkway
Springfield, IL 32723
217/782-5356

SECRETARY OF STATE

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12) Initial Regulatory Flexibility Analysis:

After careful consideration, the Secretary of State does not feel this proposed rulemaking will affect any types of small businesses and the proposed rule has not been submitted to the Small Business Office of the Department of Commerce and Community Affairs.

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1030
ISSUANCE OF LICENSES

Section

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing Article I of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1991, ch. 95 1/2, pars. 6-100 et seq.) [625 ILCS 5/6-100 et seq.] and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1991, ch. 95 1/2, par. 2-104(b)) [625 ILCS 5/2-104(b)].

SOURCE: Filed March 30, 1971; amended at 3 Ill. Reg. 7, p. 13, effective April 2, 1979; amended at 4 Ill. Reg. 27, p. 422, effective June 23, 1980; amended at 6 Ill. Reg. 2400, effective February 10, 1982; codified at 6 Ill. Reg. 12674; amended at 9 Ill. Reg. 2716, effective February 20, 1985; amended at 10 Ill. Reg. 303, effective December 24, 1985; amended at 10 Ill. Reg. 18182, effective October 14, 1986; amended at 11 Ill. Reg. 9331, effective April 28, 1987; amended at 11 Ill. Reg. 18292, effective October 23, 1987; amended at 12 Ill. Reg. 3027, effective January 14, 1988; amended at 12 Ill. Reg. 13221, effective August 1, 1988; amended at 12 Ill. Reg. 16915, effective October 1, 1988; amended at 12 Ill. Reg. 19777, effective November 15, 1988; amended at 13 Ill. Reg. 5192, effective April 1, 1989; amended at 13 Ill. Reg. 7808, effective June 1, 1989; amended at 13 Ill. Reg. 12880, effective July 19, 1989; amended at 13 Ill. Reg. 12978, effective July 19, 1989; amended at 13 Ill. Reg. 12880, effective July 19, 1989; amended at 13 Ill. Reg. 12978, effective July 19, 1989; amended at 13 Ill. Reg. 13898, effective August 22, 1989; amended at 13 Ill. Reg. 15112, effective September 8, 1989; amended at 13 Ill. Reg. 17095, effective October 18, 1989; amended at 14 Ill. Reg. 4570, effective March 8, 1990; amended at 14 Ill. Reg. 4908, effective March 9, 1990; amended at 14 Ill. Reg. 5183, effective March 21, 1990; amended at 14 Ill. Reg. 8707, effective May 16, 1990; amended at 14 Ill. Reg. 9246, effective May 16, 1990; amended at 14 Ill. Reg. 9498, effective May 17, 1990; amended 14 Ill. Reg. 10111, effective June 11, 1990; amended at 14 Ill. Reg. 10510, effective June 18, 1990; amended at 14 Ill. Reg. 12077, effective July 5, 1990; amended at 14 Ill. Reg. 15487, effective September 10, 1990; amended at 15 Ill. Reg. 15783, effective October 18, 1991; amended at 16 Ill. Reg. 2182, effective January 24, 1992; emergency amendment at 16 Ill. Reg. 12228, effective July 16, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 18087, effective November 17, 1992; emergency amendment at 17 Ill. Reg. 1219, effective January 13, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 2025, effective February 1, 1993; amended at 17 Ill. Reg. 7065, effective May 3, 1993; amended at 17 Ill. Reg. 8275, effective May 24, 1993; amended at 17 Ill. Reg. 8522, effective May 27, 1993; amended at 17 Ill. Reg. 19315, effective October 22, 1993; amended at 18 Ill. Reg. 1591, effective January 14, 1994; amended at 18 Ill. Reg. 7478, effective May 2, 1994; amended at 18 Ill. Reg. _____, effective _____.

Section 1030.13 Denial of License or Permit

a) For purpose of this Section, the following definition shall apply:
"Denial" - to prohibit or disallow the privilege to obtain a driver's license or permit and/or the privilege to operate a motor vehicle in accordance with Section 6-107 of the Illinois Vehicle Code [625 ILCS 5/6-107].

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

b) The Secretary of State shall deny a license or permit to any applicant under 18 years of age:
1) Who has not passed an approved driver education course as defined in Section 1-103 of the Illinois Vehicle Code and has not submitted such proof of having passed the course as may be required by the Secretary of State [625 ILCS 5/1-103]; or
2) Who has committed or has been convicted of an offense that would otherwise result in a mandatory revocation of a license or permit as provided in Section 6-205 of the Illinois Vehicle Code [625 ILCS 5/6-205]; or
3) Who has been either convicted of or adjudicated a delinquent based upon a violation of the Cannabis Control Act or the Illinois Controlled Substance Act, while that individual was in actual control of a motor vehicle.
A) Any person placed on probation under Section 10 of the Cannabis Control Act or Section 410 of the Illinois Controlled Substances Act shall not be considered convicted.
B) The conviction shall be reported to the Secretary of State's Office in a manner prescribed by Section 6-107 of the Illinois Vehicle Code [625 ILCS 5/6-107].

c) Any applicant who has been denied a license or permit under the provisions of Section 6-107 of the Illinois Vehicle Code may appeal said determination to the Department of Administrative Hearings pursuant to Section 2-118 of the Illinois Vehicle Code (625 ILCS 5/2-118).

(Source: Added at 18 Ill. Reg. _____, effective _____)

Section 1030.86 Multiple Attempts/Road Test

a) For purposes of this Section, the following definitions shall apply:
"Applicant" - person applying for or renewing an Illinois driver's license.
"Department" - Department of Driver Services within the Office of the Secretary of State.
"Licensed Physician" - a person licensed under the Medical Practice Act of 1987 (Ill. Rev. Stat. ~~1987~~ 1991, ch. 111, par. 4400-1 et seq.) [225 ILCS 60/1 et seq.].
"Road Test" - an actual demonstration of the applicant's ability to operate a motor vehicle as required by Section 6-109 of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. ~~1987~~ 1991, ch. 95 1/2, par. 6-109) [625 ILCS 5/6-109].

b) The fee to obtain a driver's license required by Section 6-118 of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. ~~1987~~ 1991, ch. 95 1/2, par. 6-118) [625 ILCS 5/6-118[shall entitle a person to a total of three (3) attempts to pass the road test in a one-year period starting from the date of the first attempt. The first attempt is counted as one of the three attempts as provided

for in Section 6-106 of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. ~~1987~~ 1991, ch. 95 1/2, par. 6-106) [625 ILCS 5/6-106].

c) An applicant for an Illinois driver's license may be allowed to attempt the road test a second time after a failure in the same day during normal business hours of the Driver Services Facility if he/she fails the first attempt to pass the road test. However, if the applicant demonstrates a danger to public safety during his first attempt to pass a road test, he/she will not be allowed a second attempt during the same day. An applicant will not be allowed to make a third or subsequent attempt to pass a road test on the same day in which he/she failed the previous attempt. If an applicant fails the road test six (6) times, he/she will not be permitted to attempt the road test a seventh time until he/she submits to the Department a medical report from a licensed physician stating that he/she is physically and mentally able to safely operate a motor vehicle as provided for in Sections 6-103(8) and 6-109(b) of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. ~~1987~~ 1991, ch. 95 1/2, par. 6-103(8) and 6-109(b)) [625 ILCS 5/6-103(8) and 5/6-109(b)]. An applicant shall be exempt from the requirement of filing a medical report if he/she has within the previous ~~six (6)~~ three (3) months filed a favorable medical report with the Department. If an applicant fails the road test a seventh or subsequent time, he/she must wait until the next business day before attempting the test again.

d) The provisions of this Section do not apply to applicants who are upgrading their driver's license classification.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 1030.120 Issuance of a Probationary License

a) ~~Definitions.~~
For ~~the~~ purpose of this Section, the following ~~terms shall have these meanings~~ definitions shall apply:

~~3)~~ "Cleared Miscellaneous Suspension" - suspensions for safety responsibility, financial responsibility, unsatisfied judgments, warrant parking/traffic, auto emissions, failure to appear, or curfew which are no longer in effect.

~~2)~~ "Driver Improvement Course" - an organized remedial activity approved by the Driver Services Department for improving the driving habits of certain suspended drivers. This course shall consist of individual counseling and/or group sessions of instruction and shall not exceed two sessions or a total of nine hours of instruction.

~~1)~~ "Probationary License" - a special license granting full driving privileges during a period of suspension; the license is issued upon successful completion of a driver improvement course.

~~5)~~ *"Suspension of Driving Privileges" - the temporary withdrawal by formal action by the Secretary to operate a motor vehicle on public highways for a period specifically designated by the Secretary.* See Section 1-204 of the Illinois Vehicle Code.

~~4)~~ "Valid Driver's License" - a license issued by the Illinois Secretary of State which is not currently expired, suspended, invalidated, revoked, or ~~cancelled~~ canceled.

b) A person whose driving privileges have been suspended under Section 6-206(a)(2) of the Illinois Vehicle Code ~~(Ill. Rev. Stat. 1991, ch. 95 1/2, par. 6-206(a)(2))~~ [625 ILCS 5/6-206 (a)(2)] for conviction of not less than three (3) offenses committed within a twelve (12) month period against traffic regulations governing the movement of vehicles shall qualify for probationary license if the individual meets the following requirements:

1) The person is not less than 18 years of age.

2) The offenses for which the person was suspended do not exceed seventy-four (74) points as determined by the Illinois Offense Table (92 Ill. Adm. Code 1040.20).

3) The individual's driving privileges have not been suspended or revoked within the past seven (7) years, excluding cleared miscellaneous suspensions.

4) The individual has not previously or currently been arrested for an offense which requires mandatory revocation upon conviction as stated in Section 6-205 of the Illinois Vehicle Code ~~(Ill. Rev. Stat. 1991, ch. 95 1/2, par. 6-205)~~ [625 ILCS 5/6-205].

5) The individual must have been issued or have qualified for a valid Illinois ~~Driver's License~~ driver's license prior to the ~~suspension~~ suspension's effective date and have no outstanding reinstatement fee, ~~or~~ failure to pay requirements or invalidation by voluntary surrender ~~have been~~ entered to the driving record.

6) The individual has successfully completed a driver improvement course.

7) The individual completes an application and submits the required fees, including the $8.00 probationary license fee, and surrenders his current driver's license.

8) The individual's driver's license is not invalidated by a no driving order from the court.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED RULES

1) Heading of the Part: Allied Health Care Professional Assistance Law

2) Code Citation: 77 Ill. Adm. Code 598

3) Section Numbers: Adopted Action:

598.10	New Section
598.20	New Section
598.30	New Section
598.100	New Section
598.110	New Section
598.120	New Section
598.130	New Section
598.140	New Section

4) Statutory Authority:

Implementing and authorized by the Allied Health Care Professional Assistance Law (Ill. Rev. Stat. 1991, ch. 144, par. 1481 et seq.) [110 ILCS 905].

5) Effective Date of Amendment:

August 1, 1994

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain any Incorporation by Reference? No

8) Date Filed in Agency's Principal Office: August 1, 1994

9) Date Notice of Proposed Rulemaking was Published in the Illinois Register:

18 Ill. Reg. 3077 - March 4, 1994

10) Has the Joint Committee on Administrative Rules Issued a Statement of Rulemaking: No

11) Difference Between Proposal and Final Version?

Section 598.140(b) was modified as followed to accommodate temporary licenses issued by the Department of Professional Regulation:

> Service as an allied health care professional shall begin not later than 30 days after completion of the allied health training program, or, if licensure is required, 30 days after the issuance of a temporary license by the Department of Professional Regulation."

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NOTICE OF ADOPTED RULES

In addition, various technical, editorial and grammatical changes were made in response to suggestions of the Joint Committee on Administrative Rules and the Administrative Code Division.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? All changes have been made as agreed upon between the Joint Committee on Administrative Rules and the Department.

13) Will the Rulemaking Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part?
No

15) Summary and Purpose of Rulemaking:

16) Information and Questions Regarding this Shall be Directed to:
Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 (217)782-6187.

The full text of the Adopted Rules begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED RULES

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER g: GRANTS TO INCREASE ACCESS TO PRIMARY HEALTH CARE

PART 598
ALLIED HEALTH CARE PROFESSIONAL ASSISTANCE LAW

SUBPART A: GENERAL PROVISIONS

Section
598.10 Definitions
598.20 Referenced Materials
598.30 Administrative Hearings

SUBPART B: ALLIED HEALTH CARE PROFESSIONAL SCHOLARSHIPS

Section
598.100 Limitations on Use of Scholarship Funds
598.110 Eligibility for Application
598.120 Criteria for Selecting Scholarship Recipients
598.130 Terms of Performance
598.140 Scholarship Repayment

AUTHORITY: Allied Health Care Professional Assistance Law (Ill. Rev. Stat. 1991, ch.144, par. 1481 et seq.)[110 ILCS 905]

SOURCE: Adopted at 18 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 598.10 Definitions

"Act" means the Allied Health Care Professional Assistance Law (Ill. Rev. Stat. 1991, ch. 144, par. 1481 et seq.)[110 ILCS 905].

"Department" means the Illinois Department of Public Health.

"Designated Shortage Area" means an area designated by the Director of Public Health as a physician shortage area, a medically underserved area, or a critical health manpower shortage area as defined by the United States Department of Health and Human Services, or as further defined by the Department to enable it to effectively fulfill the purpose stated in Section 2002 of the Act. *Such areas may include the following:*

an urban or rural area which is a rational area for the delivery of health services;
a population group; or

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a public or nonprofit private medical facility. (Section 2003 of the Act)

"Director" means the Director of the Illinois Department of Public Health.

"Eligible allied health care professional" means a person who meets all of the following qualifications:

he or she is studying an allied health care field in a medical or other school located in Illinois and accredited in its field or otherwise approved by the Department and agrees to obtain a license to practice in his or her field in this State;
he or she exhibits financial need as determined by the Department; and
he or she agrees to practice full-time in a designated shortage area as an allied health care professional one year for each year he or she is a scholarship recipient. (Section 2003 of the Act)

"Fees" means those mandatory charges, in addition to tuition, that all enrolled students must pay, including required course or lab fees.

"Full-time academic work" means enrollment for the number of hours required per term by a school for its full-time students.

"Full-time employment" means being available at the practice location for patient visits a minimum of 32 hours per week.

"Full-time student" means a student who is enrolled for at least the number of hours required per term by a school for its full-time students.

"Part-time academic work" means enrollment for at least one-third of the number of hours required per term by a school for its full-time students.

"Part-time student" means a student who is enrolled for at least one-third of the number of hours required per term by a school for its full-time students.

"Tuition" means the established charges of an institution of higher learning for instruction at the institution.

Section 598.20 Referenced Materials

The following materials are referenced in this Part:

a) Illinois Statutes: Illinois Health Care Professional Assistance Law (Ill. Rev. Stat 1991, ch. 144, par. 1481 et seq.) [110 ILCS 905].
b) Illinois Rules: Rules of Practice and Procedure in Administrative Hearings (77 Ill. Admin. Code 100).

Section 598.30 Administrative Hearings

Any administrative hearings conducted by the Department concerning the provisions of this Part shall be governed by the Department's Rules of Practice and Procedure in Administrative Hearings (See 77 Ill. Adm. Code 100).

SUBPART B: ALLIED HEALTH CARE PROFESSIONAL SCHOLARSHIPS

Section 598.100 Limitations on Use of Scholarship Funds

a) Scholarships shall cover the cost of tuition and matriculation fees and provide a monthly living stipend for full time students of allied health care professional programs.
b) Scholarships may be made to part-time (but not less than 1/3 time) students but shall cover only tuition and fees.
c) Scholarship funds shall be expended by the recipient only while enrolled and in good academic standing at an approved school.
d) Scholarship funds shall not be awarded for expenses incurred when the student must repeat more than once an academic term or terms, if the repetition is necessary because the student has an academic performance below an acceptable level as determined by the student's school.
e) Scholarship funds shall be provided to the recipient's school. All funds for tuition and fees are to be expended only on the student's behalf and all stipend monies are to be provided directly to the student.

Section 598.110 Eligibility for Application

a) Students eligible to apply for Allied Health Care Professional Scholarships shall meet the following qualifications:
   1) *he or she is studying an allied health care field in a medical or other school located in Illinois and accredited in its field or otherwise approved by the Department and agrees to obtain a license to practice in his or her field in this State;*
   2) *he or she exhibits financial need as determined by the Department; and*
   3) *he or she agrees to practice full-time in a designated shortage area as an allied health care professional one year for each year he or she is a scholarship recipient.* (Section 2003 of the Act)
b) Students receiving funds from other scholarship or loan funds requiring service commitments that would prevent the applicant from meeting the requirements of the Allied Health Care Professional Scholarship shall not be eligible for scholarships described in this Subpart.

Section 598.120 Criteria for Selecting Scholarship Recipients

a) Preference shall be given to those scholarship applicants who, in

written narratives and personal interviews, can demonstrate the following:
   1) Interest in pursuing a degree and licensure or certification as a nurse practitioner, physician assistant or certified nurse midwife;
   2) Previous experience with medically underserved populations;
   3) Previous experience in rural practice, with preference given to those whose experience has involved one of the primary care specialty areas;
   4) Academic capabilities as reported by the applicant's approved school;
   5) Financial need as reported by standard financial analysis documentation supplied by the applicant's school on the student's behalf;
   6) Greater number of years of school remaining;
   7) Stated interest in providing primary health care to Illinois citizens residing in designated shortage areas of Illinois;
   8) Most number of years of residence in Illinois;
   9) United States citizens, or those granted permanent residence in the United States by the Immigration and Naturalization Service.
b) Of all applicants, priority shall be given to those individuals who have previously received an Allied Health Care Professional Scholarship, provided that:
   1) Recipient requests, in a format determined by the Department, a continuation of scholarship funds;
   2) Recipient would not be repeating the same year of school for the second consecutive year because of poor academic performance;
   3) Recipient has not voluntarily withdrawn from school.
c) When the number of applicants are sufficient, scholarships will be equally distributed among all applicants by profession.

Section 598.130 Terms of Performance

a) Each scholarship recipient shall sign a written contract. The contract contains terms and conditions which ensure compliance with this Part, the laws of the State of Illinois, and enforcement of the contract.
b) Scholarship recipients who fail to complete school due to academic failure, as documented by recipient's school, shall be discharged from all obligations.
c) Scholarship recipients who fail to complete school due to voluntary actions on their part shall repay to the Department an amount equal to 3 times the amount of the annual scholarship grant received for each unfulfilled year of the obligation together with interest at 7 percent per year on that amount.
d) In the event the scholarship recipient is disabled or is otherwise unable for reasons beyond the recipient's control to perform the scholarship obligations, these obligations shall be suspended until such time as the scholarship recipient is able to resume the

scholarship obligations. Such suspension shall be requested in writing by the scholarship recipient. The Department's acceptance or denial of the suspension request will be provided in writing under the Director's signature. The Department shall accept a request for a suspension when supported by a letter from the recipient's physician attesting to the recipient's inability (either temporarily or permanently) to continue (either school or the practice of the allied health care professional field) and the recipient's agreeing to not continue either his or her education in the profession (or the practice of the allied health care profession) in any state.

e) Misrepresentation of the facts presented in the recipient's application shall be considered a breach of contract. The recipient's school shall be notified to halt further disbursements of scholarship funds and all funds provided by the Department to the student shall be due in full, immediately.

Section 598.140 Scholarship Repayment

a) Upon completion of all Illinois requirements for the profession, the scholarship recipient shall provide health care services in a designated shortage area of Illinois. The term of this service shall be *one year for each year he or she is a scholarship recipient*. (Section 2003 of the Act)

b) Service as an allied health care professional shall begin not later than 30 days after completion of the allied health training program, or, if licensure is required, 30 days after the issuance of a temporary license by the Department of Professional Regulation.

c) Written approval of the Department for a proposed practice location shall be requested and received by the scholarship recipient.
   1) Without such approval, time in practice at such a location shall not meet scholarship recipient's service obligation.
   2) The scholarship recipient may request and receive approval for a practice location up to 18 months preceding the time practice at the location is to begin.
   3) Approval for a practice location is granted for the duration of the scholarship recipient's service obligation.

d) The scholarship recipient's practice shall meet the following requirements:
   1) Be located in a designated shortage area;
   2) Be a full-time practice providing direct patient care;
   3) Be providing continuous service at the rate of 12 months for each academic year of school supported by the scholarship.

e) Scholarship recipients may relocate to another practice location or practice in more than one location if prior written approval is granted by the Department.

f) Scholarship recipients shall enter into a written contract with the Department which describes terms of the service obligation and contains provisions for enforcement of the contract.

g) *Scholarship recipients who fail to fulfill the obligation described in*

Section 598.130 of this Part *shall pay to the Department an amount equal to 3 times the amount of the annual scholarship grant received for each unfulfilled year of the obligation together with interest at 7% per year on that amount*. (Section 2005 of the Act)

   1) Payment shall be made in equal monthly installments in such amounts so all sums due shall be paid within a period of time equal to the recipient's service term, or remaining portion thereof, or as otherwise approved by the Department.
   2) Recipient and Department shall enter into a written contract which describes terms of the repayment and contains provisions for enforcement of the contract.

h) In the event a scholarship recipient fails to pay monies owed the Department, the Department may refer the matter to the Attorney General or to a collection agency.

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NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Ambulatory Surgical Treatment Center Licensing Requirements

2) Code Citation: 77 Ill. Adm. Code 205

3) Section Numbers: Adopted Action:

205.350 Amendment

4) Statutory Authority:

Ambulatory Surgical Treatment Center Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 157-8.1 et seq.) [210 ILCS 5]

5) Effective Date of Rulemakin:

July 22, 1994

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain any Incorporation by Reference? Yes

8) Date Filed in Agency's Principal Office: July 22, 1994

9) Date Notice of Proposed Rulemaking was Published in the Illinois Register:

October 8, 1993 - 17 Ill. Reg. 16414

10) Has the Joint Committee on Administrative Rules Issued a Statement of Objection to these Rules? No

11) Difference Between Proposal and Final Version:

Various grammatical and editorial changes requested by the Joint Committee on Administrative Rules and the Administrative Code Division have been made.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? All changes agreed between the Department and the Joint Committee on Administrative Rules have been made.

13) Will the Rulemaking Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Rulemaking:

The rules in Part 205 govern the licensure of ambulatory surgical

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treatment centers. The provisions governing laboratories in ambulatory surgical treatment centers are being amended as the result of the implementation of the Federal Clinical Laboratory Improvement Amendments (CLIA), which took effect September 1, 1992. The CLIA requirements apply to all clinical laboratories in all settings, including ambulatory surgical treatment centers. Section 205.350 is being amended to require that facilities must possess a valid CLIA certificate for those tests being performed in the facility and have a written agreement with a laboratory which possesses a valid CLIA certificate for laboratory procedures which are not performed in the facility.

16) Information and Questions Regarding this Adopted Rulemaking Shall be Directed to:

Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 (217)782-6187.

The full text of the Adopted Amendments begins on the next page.

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NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER b: HOSPITAL AND AMBULATORY CARE FACILITIES

PART 205
AMBULATORY SURGICAL TREATMENT CENTER LICENSING REQUIREMENTS

SUBPART A: GENERAL

SUBPART B: OWNERSHIP AND MANAGEMENT

SUBPART C: PERSONNEL

SUBPART D: EQUIPMENT, SUPPLIES, AND FACILITY MAINTENANCE

SUBPART E: GENERAL PATIENT CARE

SUBPART F: RECORDS AND REPORTS

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SUBPART G: LIMITED PROCEDURE SPECIALTY CENTERS

SUBPART H: LICENSURE PROCEDURES

SUBPART I: BUILDING DESIGN, CONSTRUCTION STANDARDS, AND PHYSICAL REQUIREMENTS

SUBPART J: MECHANICAL

SUBPART K: PLUMBING AND OTHER PIPING SYSTEMS

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SUBPART L: ELECTRICAL

AUTHORITY: Implementing and authorized by the Ambulatory Surgical Treatment Center Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 157-8.1 et seq.) [210 ILCS 5].

SOURCE: Amended July 18, 1974; emergency amendment at 3 Ill. Reg. 10, p. 43, effective February 23, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 30, p. 371, effective July 23, 1979; amended at 5 Ill. Reg. 12756, effective November 4, 1981; amended at 6 Ill. Reg. 6220, 6225, and 6226, effective May 17, 1982; amended at 6 Ill. Reg. 10974, effective August 30, 1982; amended at 6 Ill. Reg. 13337, effective October 20, 1982; amended at 7 Ill. Reg. 7640, effective June 14, 1983; codified at 8 Ill. Reg. 9367; amended at 9 Ill. Reg. 12014, effective July 23, 1985; amended at 10 Ill. Reg. 8806, effective June 1, 1986; amended at 10 Ill. Reg. 21906, effective January 15, 1987; amended at 11 Ill. Reg. 14786, effective October 1, 1987; amended at 12 Ill. Reg. 3743, effective February 15, 1988; amended at 12 Ill. Reg. 15573, effective October 1, 1988; amended at 13 Ill. Reg. 16025, effective November 1, 1989; emergency amendment at 14 Ill. Reg. 5596, effective March 26, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13802, effective August 15, 1990; amended at 15 Ill. Reg. 17770, effective December 1, 1991; amended at 17 Ill. Reg. 3507, effective March 3, 1993; amended at 18 Ill. Reg. _____, effective _____.

SUBPART C: PERSONNEL

Section 205.350 Laboratory Services

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Each ambulatory surgical treatment center shall meet each of the following requirements:

a) Possess a valid Clinical Laboratory Improvement Amendments (CLIA) certificate for those tests performed by the facility (57 Fed. Reg. 40, pp. 7135-7139, February 28, 1992-Medicare, Medicaid and CLIA Programs; Regulations Implementing the Clinical Laboratory Improvement Amendments of 1988 (CLIA), no further editions or amendments included). ~~Comply with the requirements of the Department's rules Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450).~~

b) Have a written agreement with a laboratory~~,~~ which possesses a valid CLIA certificate ~~licensed under the Department's rules Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450),~~ to perform any required laboratory procedures which are not performed in the center.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

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NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Hospital Licensing Requirements

2) Code Citation: 77 Ill. Adm. Code 250

3) Section Numbers: Adopted Action:

250.510	Amendment
250.520	Amendment
250.530	Repealer
250.540	Repealer
250.550	Repealer

4) Statutory Authority:

Hospital Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 142 et seq.) [210 ILCS 85]

5) Effective Date of Rulemaking:

July 22, 1994

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain any Incorporation by Reference? Yes

8) Date Filed in Agency's Principal Office: July 22, 1994

9) Date Notice of Proposed Rulemaking was Published in the Illinois Register:

October 1, 1993 - 17 Ill. Reg. 15757

10) Has the Joint Committee on Administrative Rules Issued a Statement of Objection to these Rules? No

11) Difference Between Proposal and Final Version:

Various grammatical and editorial changes requested by the Joint Committee on Administrative Rules and the Administrative Code Division have been made.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee?

All changes agreed between the Department and the Joint Committee on Administrative Rules have been made.

13) Will the Rulemaking Replace an Emergency Rule Currently in Effect? No

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14) Are there any other Amendments Pending on this Part? Yes

Section Numbers	Proposed Action	Ill. Reg. Citation
250.110	Amendments	18 Ill. Reg. 46
250.120	Amendments	18 Ill. Reg. 46
250.315	Amendments	18 Ill. Reg. 46
250.450	Amendments	18 Ill. Reg. 46
250.1820	Amendments	18 Ill. Reg. 46
250.1830	Amendments	18 Ill. Reg. 46
250.2450	Amendments	18 Ill. Reg. 46

15) Summary and Purpose of Rulemaking:

The rules in Part 250 establish requirements for the licensure of hospitals in Illinois. The provisions governing laboratories in hospitals are being amended as a result of the implementation of the Federal Clinical Laboratory Improvement Amendments (CLIA), which took effect September 1, 1992. The CLIA requirements apply to all clinical laboratories in all settings, including hospitals. The portions of Section 250.520, 250.530, 250.540, and 250.550 that are duplicative or in conflict with CLIA requirements are being deleted and compliance with CLIA is being required.

Additional changes in Section 250.510 will allow certain tissues and materials removed during surgery to be exempted from the requirements that all removed tissues be examined by a pathologist. References to physicians other than pathologists conducting pathologic exams are also being deleted.

16) Information and Questions Regarding this Adopted Rulemaking Shall be Directed to:

Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 (217)782-6187.

The full text of the Adopted Amendments begins on the next page.

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NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250
HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL

SUBPART B: ADMINISTRATION AND PLANNING

SUBPART C: THE MEDICAL STAFF

SUBPART D: PERSONNEL SERVICE

SUBPART E: LABORATORY

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SUBPART F: RADIOLOGICAL SERVICES

SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

SUBPART H: RESTORATIVE AND REHABILITATION SERVICES

SUBPART I: NURSING SERVICE AND ADMINISTRATION

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SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

SUBPART K: ANESTHESIA SERVICES

SUBPART L: RECORDS AND REPORTS

SUBPART M: FOOD SERVICE

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SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES

SUBPART O: MATERNITY AND NEONATAL SERVICE

SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE, EQUIPMENT, AND SYSTEMS--HEATING, COOLING, ELECTRICAL, VENTILATION, PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

SUBPART Q: CHRONIC DISEASE HOSPITALS

SUBPART R: PHARMACY OR DRUG AND MEDICINE SERVICE

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SUBPART S: PSYCHIATRIC SERVICES

SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

SUBPART U: CONSTRUCTION STANDARDS FOR EXISTING HOSPITALS

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SUBPART V: SPECIAL CARE AND SPECIAL SERVICE UNITS

SUBPART W: ALCOHOLISM AND INTOXICATION TREATMENT SERVICES

AUTHORITY: Implementing and authorized by the Hospital Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 142 et seq.) [210 ILCS 85].

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at

7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. _____, effective _____.

SUBPART E: LABORATORY

Section 250.510 Laboratory Services

The hospital shall have a ~~well-organized, adequately supervised~~ clinical laboratory ~~with the necessary space, facilities and equipment~~ to perform services commensurate with the hospital's needs for its patients, which is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA 88) (57 Fed. Reg. 40, pp. 7135-7139, February 28, 1992 - Medicare, Medicaid and CLIA Programs; Regulations Implenting the Clinical Laboratory Improvement Amendments of 1988 (CLIA), no further amendments or editions included). Anatomical pathology services and blood bank services shall be available either in the hospital or by arrangement with other facilities.

a) Adequacy of Laboratory Services. Clinical laboratory services adequate for the individual hospital shall be maintained in the hospital, as determined by the following:
   1) The extent and complexity of services are commensurate with size, scope and nature of the hospital, and the demands of the medical staff upon the laboratory.
   2) Basic laboratory services, necessary for routine examinations as defined in subsection (b) of this Section, are provided in the hospital.
   ~~3) Necessary space, facilities and equipment to perform the services offered by the laboratory.~~
   ~~4) Facilities and equipment. The laboratory must document compliance with subsections (a)(5), (j) and (k) of this Section and with Section 250.530.~~
   ~~5) Preventive maintenance of equipment and instruments.~~
      ~~A) The laboratory must establish a written preventive maintenance program for each piece of equipment. The program shall be documented and implemented on a regularly scheduled basis. It shall provide for instrument function verification and equipment maintenance. The laboratory is required to follow the manufacturer's recommendations at a minimum. Such defined preventive maintenance programs may exceed the manufacturer's recommendation.~~
      ~~B) A service contract from an outside source for preventive maintenance is acceptable provided there is a description of the service to be performed for each instrument and/or each piece of equipment and a statement of the frequency of maintenance to be performed. A service contract does not negate the laboratory's responsibility to perform routine maintenance as may be required. The laboratory must maintain records of preventive maintenance whether performed by the laboratory staff or by an outside source.~~
      ~~C) Automatic diluters and samplers, except those checked by use of a calibrator or reference material included in each run, shall be checked for accuracy and reproducibility at least once per month. A serum/cell calibration shall be performed on a serofuge when first put into operation and after adjustments or repairs to the motor or timer. Accuracy of the timer and RPM shall be checked at least quarterly. Volumetric glassware (pipets, flasks) that is not designated "class A" shall be calibrated to confirm its designated volume. Thermometer readings for temperature controlled spaces and instruments shall be recorded each day of use. Minimum/maximum thermometers shall be used in critical storage areas. Tolerance limits shall be established. All thermometers in the laboratory shall be checked against a reference thermometer (certified by the National Bureau of Standards or guaranteed by the manufacturer to meet National Bureau of Standards criteria) before being placed into use and annually thereafter.~~
      ~~D Glassware shall be free from scratches and cloudiness which impair the legibility of graduations and/or the accuracy of the stated volume. "To contain" and "to deliver" pipettes are to be kept separated.~~
      ~~E) Blood letting lancets, needles and syringes, if not disposable, shall be heat sterilized prior to each use. Sterilization shall be by steam at 121.5oC for 30 minutes, or by dry heat at 170oC for 2 hours. Each sterilizing cycle shall contain an indicating device to assure proper sterilization.~~
      ~~F) Electrical equipment shall be maintained in a safe condition in accordance with Subparts P and U of this Part.~~
      ~~G) Photometric and spectrophotometric equipment shall be checked periodically for integrity of wavelength settings and accuracy of photometric scale in accordance with subsections (k)(2)(A) and (B) of this Section.~~
      ~~H) Analytic balances and weights shall be checked at least annually, and accuracy of weights verified by using Class~~

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~~A) weights.~~

b) Clinical Laboratory Examinations. Provisions shall be made to carry out basic clinical laboratory examinations including chemistry, microbiology, hematology, serology, and clinical microscopy in such depth as required by the medical staff.

1) Other laboratory examinations may be provided under arrangements by the hospital with another laboratory which is ~~either:~~ certified under CLIA 88.

~~A) Part of a hospital licensed under the Act and this Part;~~

~~B) Approved to provide these services as a laboratory under the Illinois Clinical Laboratory Act (Ill. Rev. Stat. 1989, ch. 111 1/2, pars. 621 101 et seq.);~~

2) In the case of work performed by an outside laboratory, the original report from this laboratory shall be contained in the medical record as specified in subsection (f) of this Section.

c) Availability of Facilities and Services

1) Facilities and services shall be available at all times. Adequate provision shall be made for assuring the availability of emergency laboratory services, either in the hospital or under arrangements with a laboratory which meets the requirements of subsection (b) of this Section.

2) Such services shall be available 24 hours a day, 7 days a week, including holidays. Coverage of the service is permissible by having arrangements with personnel for "on call duty."

3) Where services are provided by an outside laboratory, the conditions, procedures, and availability of examinations performed are to be in writing and available in the hospital.

~~d) Personnel. Personnel adequate to supervise and conduct the services shall be provided.~~

~~1) It is recommended that the clinical laboratory services be under the direction of a pathologist certified by the American Board of Pathology or who possesses training and experience acceptable to the Department and equivalent to such certification, and licensed to practice medicine in all its branches in Illinois. If this is not done the laboratory shall be under the direction of a physician licensed to practice medicine in all its branches in Illinois, and having qualifications acceptable to the Department. In the latter instance the hospital shall designate a medical staff laboratory committee which shall include a consulting pathologist who shall be a member of the medical staff, in such category as may be determined by the medical staff and governing body of the hospital.~~

~~2) The laboratory shall not perform procedures and tests which are outside the scope of training of the laboratory personnel, whose qualifications are set forth in Section 250.540.~~

~~3) The laboratory director is responsible for the qualifications of his staff and their inservice training.~~

~~e)~~d) Required Examinations. The laboratory examinations required on all admissions shall be determined by the medical staff as provided in Section 250.240(c).

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~~f)~~e) Laboratory Report.

Signed or otherwise authenticated reports shall be filed with the patient's medical record and duplicate copies are maintained in the laboratory.

1) The laboratory director shall be responsible for the laboratory reports.

2) There shall be a policy for assuring that all tests and procedures are ordered by a member of the medical staff or by others in accordance with approved policies. (See Section 250.330)

~~g)~~f) Pathologist Services. Services of a pathologist shall be provided as indicated by the needs of the hospital.

1) Services are to be under the supervision of a pathologist certified by the American Board of Pathology or who possesses training and experience acceptable to the Department and equivalent to such certification, and licensed to practice medicine in all its branches in Illinois, on a full-time, regular part-time or regular consultive basis. If the latter pertains, the hospital shall provide for, at a minimum, semimonthly consultive visits by a pathologist.

2) The pathologist shall participate in staff, departmental and clinicopathologic conferences.

~~h)~~g) Tissue Examination. All tissues removed at operation are to be submitted for examination. The extent of examination is determined by the pathologist.

1) All tissues removed from patients at surgery shall be macroscopically, and if necessary, microscopically examined by the pathologist, with the exception of the following tissues and materials, which do not need to be examined by a pathologist:

A) Foreskin, fingernails, toenails, and teeth that are removed during surgery;

B) Bone, cartilage, normal skin and scar tissue that are coincidentally removed during the course of cosmetic or corrective surgery;

C) Cataract lenses that are removed during the course of eye surgery; and

D) Foreign substances (e.g., wood, glass, pieces of metal including previously inserted surgical hardware) that are removed during surgery.

2) The pathologist ~~or designated physician, in his absence,~~ is responsible for verifying the receipt of tissues for examinations.

3) A list of tissues which routinely require microscopic examination shall be developed in writing by the pathologist ~~or designated physician~~ with the approval of the medical staff.

4) A tissue file shall be maintained and include, as a minimum, reports, slides and cross-index.

5) In the absence of a pathologist ~~or suitable physician substitute~~,

there shall be an established plan for sending to a pathologist outside the hospital all tissues requiring examination. The pathologist may refer tissues to another pathologist for consultation when he deems necessary.

~~i)~~h) Reports of Tissue Examination. Signed reports of tissue examinations are to be filed with the patient's medical record and duplicate copies are to be maintained.

1) All reports of macro and microscopic examinations performed shall be signed by the pathologist ~~or designated physician~~.

2) Provisions are to be made for the prompt filing of examination results in the patient's medical record and notification of the physician requesting the examination.

3) Duplicate copies of the examination reports are to be maintained in a manner which permits ready identification and accessibility.

~~j) Quality Control--General~~

~~i) The director(s) of the clinical laboratory shall:~~

~~A) Establish, implement, monitor, and document a quality control program which at a minimum meets the requirements of this subsection. This quality control program shall include documentation of corrective actions taken.~~

~~B) Determine the laboratory procedures which will be performed and the instruments and methodologies that will be used.~~

~~C) Establish a program to validate new procedures before laboratory results are reported. The validation procedure for quantitative methods must have provisions to determine accuracy and precision.~~

~~D) Establish the expected and/or normal ranges for all procedures performed by the laboratory and a policy for review of all abnormal findings. Establish a weekly schedule for the assessment of the activities of the laboratory by personal observations, evaluations and review of reports of laboratory findings.~~

~~E) Determine the format of laboratory report forms and decide what information is to be contained on the report forms.~~

~~F) In accordance with the weekly schedule established by the director, consult with supervisors and other staff members and review the adequacy of the quality control program.~~

~~G) Confer with those served by the laboratory on matters that relate to test performance and determine the nature and scope of technical and administrative information to be released by the laboratory staff.~~

~~H) Ensure that proper personnel qualifications are met. (See subsection (d) of this Section)~~

~~2) Reference materials:~~

~~A) Shall be used for each test unless the test is controlled by duplicate testing with established tolerance limits.~~

~~B) Statistical methods shall be used to calculate the mean value and standard deviation for at least one reference material for each test.~~

~~C) The results of the analysis of the reference material(s) shall be plotted each day of testing on a graph which clearly displays the mean value and action limits for that reference material. A computer system may be used to provide the data display necessary for trend analysis and the monitoring of action limits.~~

~~D) Each test procedure shall have a plan for remedial action to be taken in response to detected problems as soon as discovered.~~

~~E) When lot numbers (batches) of reference materials are changed, the old and new lots shall be tested in parallel until suitable action limits are obtained for the new lot.~~

~~F) All methods which do not have reference materials, except in vivo methods, shall be controlled by duplicate testing with established tolerance limits.~~

~~3) A preventive and corrective maintenance program shall be established and include appropriate periodic inspection and testing of laboratory equipment in accordance with subsection (a)(5) of this Section.~~

~~4) Current procedure manual(s) prepared by each laboratory shall be available for use by technical personnel. Manufacturer's manuals and textbooks may be used as supplements to the laboratory manual, but not in lieu thereof. Each procedure manual shall contain a table of contents reflecting the name of the test, methodology used, annual review by the director, the date and text of any changes made subsequent to the publication of the manual which are approved by the director with cross reference to the actual change in that procedure.~~

~~5) Each procedure shall include information relative to the headings listed in this subsection (j)(5) and shall include, where applicable, all items listed. Additional laboratory developed standard operating procedure manuals may be used to fulfill specified requirements provided each procedure contains specific reference to the name and page number of the manual where the information is available. The following format is recommended.~~

~~A) Principle of the test. Include a brief statement concerning the type of reaction(s) involved.~~

~~B) Specimen.~~

~~i) State the conditions for patient preparation.~~

~~ii) Specify the type of sample with respect to volume of sample required, anticoagulants, preservatives, stability, and requirements for storage.~~

~~iii) State the criteria for an unacceptable sample.~~

~~iv) Specify handling conditions with respect to timing, transport or storage conditions, and special equipment.~~

~~v) State the criteria for proper specimen identification.~~

~~C) Reagent preparation.~~

~~i) List specific reagents used in the procedure.~~

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ii) State the directions for preparation and labeling of each reagent to include: the initials of the person who prepared the material, contents, concentration, lot number, date of preparation, expiration date, and storage requirement.

B) Calibration procedure.

i) Give detailed stepwise instructions including dilutions of working standards.

ii) State specifications for photometric readings (%T, absorbance, etc.).

iii) Where calibration graphs are used, the type shall be specified.

iv) Specify acceptable tolerances and corrective actions to be taken if results are outside the tolerance limits.

E) Procedure.

i) Write detailed instructions in a stepwise manner. A flow chart may be used as an adjunct.

ii) Specify the following for photometric measurements; type of instrument; wavelength; cuvette size; solution used as a blank; range of linearity; how the raw data are read (%T, absorbance, etc.); and stability of the final solution.

iii) Clearly indicate safety hazards.

F) Calculations.

i) Give stepwise instructions for calculations.

ii) Give the equation.

iii) Give a precise example.

iv) Describe the common variations in calculations.

G) Quality Control

i) State the reference materials to be used.

ii) Give instructions for preparation of reference materials.

iii) State the minimum frequency with which reference materials are to be run.

iv) State how action limits for reference materials are to be established.

v) State the corrective actions to be taken when action limits are exceeded.

H) Reporting results.

i) State expected ranges where appropriate.

ii) Give information about methodology which may be necessary for interpretation of results.

iii) Give guidelines as to acceptable reporting format and units as applicable.

iv) A system for handling critical values shall be available.

I) Procedural notes.

i) List possible sources of error.

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ii) Describe the plan for an alternate means of specimen handling or analysis in the event the procedure should fail.

J) References. Document the source(s) of information used in the procedure.

K) Utilization of product package inserts. Include a system to assure that package inserts are current with and applicable to the kits or reagents actually in use. Package inserts may not be used in lieu of the procedure manual unless they comply with all of the provisions enumerated under this subsection (j)(5).

k) Quality Control System Methodologies

i) Hematology

A) Manual Procedures. Each procedure shall be recalibrated or rechecked each day of use with standards (calibrators) or reference materials covering the range of expected values.

i) Hemoglobin. Hemoglobin methodology shall be calibrated monthly with standard solutions that cover at least three concentrations and a zero point.

ii) Hematocrit. Optimum packing time of microhematocrit centrifuges shall be determined before being placed into use and after major adjustments or repairs to motor or timer. The speed of the microhematocrit centrifuge shall be checked monthly. Tolerance limits shall be established. Timer checks shall be performed monthly. Tolerance limits shall be established.

iii) Red and White cell counts. The hemocytometer counting chamber and coverslip shall be maintained in a condition that does not interfere with cell recognition or the volume of the chamber. Correct coverslips shall be used. Counts shall be performed with certified pipettes or pipettors whose accuracy has been determined by the manufacturer.

iv) Platelet counts. Manual platelet counts shall be performed in duplicate. Tolerance limits shall be established. A procedure to compare platelet results with the differential blood film shall be established.

v) Differential leukocyte count. Blood smears shall be prepared and stained by a method which produces smears in which morphologic cell features can be properly evaluated. Cellular morphology shall be examined and platelets estimated with the differential count.

B) Automated Procedures

i) Particle counting and Hemoglobin. Calibration techniques shall follow the manufacturer's specifications. The director shall establish criteria for high and low counts and determine the policy for verification. Tolerance limits shall be established for duplicate testing. Background counts shall be

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performed daily on diluent and lysing agents. Patient specimens shall be used each run to assess precision.

ii) Differential counts. The manufacturer's specifications shall be followed with respect to operation, calibration, and the use of reference materials. The director shall establish a policy for the review of all abnormal differentials, erythrocyte morphology, and platelet enumeration.

e) Coagulation studies.

i) Patient specimens and reference materials for prothrombin times and partial thromboplastin times shall be performed in duplicate and tolerance limits established, if performed manually. Automated procedures for coagulation procedures shall be controlled by the use of reference materials with established action limits.

ii) The manufacturer's thromboplastin dilution curve shall be verified with each new lot, if the prothrombin time results are reported in percent activity.

2) Chemistry

A) Manual Automated procedures / Spectrophotometer Photometer

i) The wavelength of the filters used in photometers shall be checked at least annually.

ii) The wavelength of spectrophotometers shall be checked daily with filters or solutions in accordance with specifications stated by the manufacturer. Tolerance limits shall be established for this procedure.

iii) Instrument linearity shall be checked monthly with appropriate solutions and/or filters.

iv) Calibration and operation techniques shall follow the manufacturer's specifications.

v) Each procedure shall be recalibrated each day of use unless a stored curve is developed.

vi) Stored curves may be used for calibration for a period of time not to exceed three months, provided: The curve is point checked daily to verify continued validity and tolerance limits are established. The procedure is recalibrated when a new batch of reagent is used. The procedure is recalibrated when major instrument maintenance has been performed. Procedures which deviate from Beer's law shall include a minimum of 5 concentrations. Procedures which are linear shall include at least 3 concentrations.

viii) Each run of unknown specimens shall include two levels of reference materials.

B) Atomic Absorption Flame Photometers

i) The atomization rate shall be checked each day of use.

ii) Each run of unknown specimens shall include two levels of reference materials.

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iii) Calibration and operation techniques shall follow the manufacturer's specifications.

iv) Each procedure shall be recalibrated each day of use.

c) Chromatography

i) A standard (calibrator) shall be included with each batch of unknown specimens.

ii) Calibration and operation techniques shall follow the manufacturer's specifications.

iii) Reference materials (spiked samples) shall be included in each batch of unknown specimens and are treated the same as unknowns.

D) Electrophoresis

i) The linearity of a densitometer shall be checked each day of use.

ii) Reference materials for comparison of migration patterns and strain intensity shall be included with each run.

E) Ionic Selective Electrode

i) The manufacturer's recommendations shall be followed with respect to calibration and control procedures.

ii) Reference materials shall be included with each run.

F) Radioimmunoassay

i) The stability of radioisotope counting equipment shall be checked each day of use with an appropriate radioactive reference source. Tolerance limits shall be established.

ii) Background counts shall be performed each day of use and tolerance limits established.

iii) Each procedure shall include calibrators (standards) as recommended by the reagent manufacturer.

iv) Reference materials shall be included with each run.

3) Urinalysis

A) Specific gravity equipment shall be calibrated with distilled water and one other solution of known refractive index each day of use.

B) Screening or qualitative chemical urinalysis shall be checked daily by use of suitable reference materials.

4) Bacteriology/Mycology

A) Each unit of media shall be properly labeled to indicate identity, date of preparation/receipt and expiration date.

B) Each batch of media shall be tested before or concurrently with selected organisms for selectivity, sterility, enrichment, and biochemical response.

c) All American Type Culture Collection strains stated in subsections (k)(4)(d) and (K) of this Section shall be available and maintained.

D) All reagents, strips, discs, and antisera shall be properly labeled as to lot number and expiration date and checked each day of testing with organisms that produce positive and

negative reactions.

E) An incubation system shall be used which will provide the conditions and volume characteristics necessary for the growth and identification of the kinds of organisms isolated (i.e., uniform temperature, gas concentration and humidity). CO_2 incubators shall be checked daily to insure that CO_2 concentration is maintained within established tolerance limits.

F) Flow charts may be used to indicate all steps to be employed to isolate and identify all organisms.

G) The daily log or worksheet reflects all tests and test results which lead to the isolation and identification of all microorganisms.

H) Staining materials shall be checked each day of use against organisms with the expected staining characteristics.

I) A wire loop used for quantitative tests shall be calibrated prior to placing into use and quarterly thereafter.

J) Agar Disc Diffusion methods:

i) The agar disc diffusion test shall be checked with each new batch of media and at least once each seven days with stock cultures of Escherichia coli ATCC 25922, Staphylococcus aureus ATCC 25923 and Pseudomonas aeruginosa ATCC 27853. Zone sizes shall be recorded for each antimicrobial agent. Limits shall be established.

ii) Petri dishes used shall have a diameter not less than 150mm and contain no more than 12 discs.

iii) Susceptibility tests shall be performed on pure cultures except in specific instances as established by the Director in the written policies of the laboratory, such as when the test results must be obtained in less time than required to complete using a pure culture.

K) Minimum Inhibitory Concentration (MIC) Methods. The MIC test shall be checked with each new batch of media and at least once each seven days with stock cultures of Escherichia coli ATCC 25922, Staphylococcus aureus ATCC 29213, and Pseudomonas aeruginosa ATCC 27853. The MIC values must be recorded for each antimicrobial agent. Tolerance limits must be established.

L) Automated susceptibility testing systems shall follow the quality control requirements under subsection (k).

5) Parasitology

A) A calibrated ocular micrometer shall be available for determining the size of ova and parasites when size is a critical factor.

B) The laboratory shall have an atlas and/or reference collection of prepared slides, transparencies or gross specimens. The collection must include organisms which the laboratory encounters and reports from patient specimens.

C) Permanent stains shall be used for the examination of intestinal protozoa and other parasites when intestinal protozoa or other parasites cannot be identified by other means.

D) Concentration methods shall be employed on all stool specimens negative for ova and parasites by direct examination methods. Concentration techniques shall be capable of detecting all cases of clinically significant parasites likely to be encountered in the community.

6) Immunology/Serology/Immunochemistry. Kits purchased for serological testing must be used in accordance with the manufacturer's instructions.

A) VDRL/RPR

i) Non-reactive, minimally reactive, and reactive reference materials shall be included with each run.

ii) The needle delivery shall be verified with +- two drops per ml each day of use.

iii) The revolutions per minute of the rotator shall be checked each day of use and be within the recommended tolerance limits.

iv) Each new lot of antigen and reference materials shall be checked with non-reactive, weakly reactive and reactive reference materials before being placed into use.

v) Ambient temperature in the test area shall be maintained between 23 degrees Centigrade to 29 degrees Centigrade.

vi) The antigen for VDRL testing shall be prepared fresh each day of use.

B) Qualitative tests. Positive and negative controls shall be included in each run. Each new lot of reagents and reference materials shall be parallel checked with one of known reactivity before being placed into use.

C) Quantitative tests. Each quantitative test shall include with each run, where applicable, a positive control of graded reactivity and a negative control. Each new lot of reagents and reference materials shall be parallel checked with one of known reactivity before being placed into use.

7) Immunohematology

A) ABO grouping reagents and Rh typing sera must conform to the requirements of licensure under Chapter I, Subchapter P, Title 21, Code of Federal Regulations, 1985 (21 CFR 600 and 680). Any facility which produces their own products shall adhere to these same requirements.

B) All antisera, ABO reagent red cells, anti human globulin (Coombs) shall be tested each day of use with a positive control. Antibody screening reagent red cells shall be tested each day of use with at least one known antibody.

~~All antisera except ABO antisera shall be tested each day of use with a negative control.~~

~~C) The reagent manufacturer's protocol for testing must be followed.~~

~~B) An autologous cell control is required when samples are being tested for Rh type. An autologous cell control is not required to accompany the Rh type when testing donor samples.~~

~~8) Cytology~~

~~A) The quality of stains shall be evaluated daily by the director and suboptimal stains corrected immediately.~~

~~B) All solutions shall be filtered and/or replaced at least once each day of use.~~

~~C) The director shall assume direct responsibility for rescreening 100 random sample of gynecological smears which have been interpreted to be negative. The Director shall review and report in writing all smears interpreted to be suspicious or positive and all nongynecological specimens.~~

~~D) There shall be a program to correlate positive cytologies with reports of tissue biopsies when both diagnoses are made in the same laboratory.~~

~~E) Diagnostic nomenclature shall be clearly defined in the procedure manual and made available to the physician.~~

~~F) All automated equipment used in cytology preparations shall be used in accordance with the manufacturer's recommendations.~~

~~G) All cytologic slides must be identified in a fashion traceable to patient of origin, labeled with permanent labels, and stored so they are accessible within twenty four hours. All abnormal slides must be stored a minimum of five years. Normal slides should be retained for two years before discarding.~~

~~9) Histopathology~~

~~A) All special stains shall be controlled by use of positive tissues.~~

~~B) All tissue specimens shall be kept in a preservative until microscopic examination and diagnosis have been completed by the pathologist.~~

~~C) All stains shall be filtered prior to each day of use.~~

~~D) All tissue processing solutions shall be changed or rotated on a regular scheduled basis.~~

~~E) The quality of stains shall be evaluated daily by the director or his designee and suboptimal stains corrected immediately.~~

~~F) All gross tissue specimens received must be labeled in a fashion traceable to the patient of origin and packaged so as to maintain absolute certainty of identification throughout processing, recording and storage.~~

~~G) Slides must be identified with permanent labels and stored so they are readily accessible. Paraffin blocks must be identified, indexed, stored in a cool place and protected against damage by heat. Wet tissue specimens shall be retained until a final diagnosis has been made.~~

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 250.520 Blood and Blood Components

Facilities for procurement, safekeeping and necessary pretransfusion procedures for blood and blood components shall be provided or readily available.

a) The hospital shall maintain, as a minimum, blood storage facilities under adequate control and supervision of the pathologist or other authorized physician.

b) For emergency situations the hospital maintains at least a minimum blood supply in the hospital or can obtain blood quickly from community blood banks or institutions, or has an up-to-date list of donors and equipment necessary to bleed them.

c) Where the hospital depends on outside blood banks, there shall be an agreement governing the procurement, transfer and availability of blood which is reviewed and approved by the medical staff, administration and governing body.

d) There shall be provision for prompt blood typing and cross-matching, and for laboratory investigation of transfusion reactions, either through the hospital or by arrangements with others on a continuous basis, under the supervision of a physician licensed to practice medicine in all its branches in Illinois.

~~e) Blood storage facilities in the hospital shall have an adequate alarm system, which is regularly inspected and is otherwise safe and adequate. (See Subpart F of these Requirements.)~~

~~f) Records shall be kept on file indicating the receipt and disposition of all blood and blood components.~~

~~g) Samples of each unit of blood used at the hospital are to be retained according to the instructions of the committee indicated in subparagraph (a) above, for further testing in the event of reactions.~~

~~h) Blood and blood components not so retained which have exceeded their expiration dates are to be disposed of promptly.~~

~~i)~~e) A committee of the medical staff or its equivalent shall review all transfusions of blood or blood components and make recommendations concerning policies governing such practices.

~~j)~~f) The review committee shall investigate all transfusion reactions occurring in the hospital and make recommendations to the medical staff.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 250.530 Proficiency Survey Program (Repealed)

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a) Each hospital laboratory shall demonstrate proficiency in the performance of each test offered by the laboratory by means of participation in State-approved or State-operated proficiency testing programs. The State-approved proficiency testing programs are those operated by the College of American Pathologists (CAP), American Association of Bioanalysts (AAB) and Centers for Disease Control (CDC). The State-operated proficiency testing program is limited to the following tests: syphilis serology, blood alcohol, blood lead, and PKU quantitative.

b) The State-approved proficiency testing service must cover all clinical laboratory and anatomical pathology specialties and subspecialties in which the laboratory performs tests as they are made available and are proven feasible for proficiency testing. The approved proficiency testing service must provide to the Department an annual list of subscribers among Illinois laboratories authorizing the proficiency testing service to report their proficiency test results to the Department. The approved proficiency testing service must supply exception reports (cumulative survey management reports/cumulative deviancy reports) covering at least the immediately previous two years of testing and documenting the unsatisfactory results during that minimum two year period. This report must be continuously updated with each new testing period and must be made available to both the participating laboratory and to the Department after each testing period. The approved proficiency testing service must provide at least the following statistical parameters: mean or median, standard deviation or coefficient of variation, and some discussion and/or indication of accuracy and precision. The approved proficiency testing service must document, in writing, the bases for establishing acceptable limits of performance. This documentation must be supplied to the Department and to each participating laboratory at least annually and must cover each test for which proficiency testing is provided. The yearly revisions must include all changes made in the criteria for acceptable performance which are to prevail for the ensuing year.

c) The costs of such State-approved proficiency testing must be borne by the laboratory.

d) The laboratory shall keep on file a copy of the results of proficiency testing for review by the State laboratory evaluator.

e)

1) Those procedures performed by the laboratory for which test materials are provided by the approved proficiency testing service must be proficiency tested by the participating laboratory each time test materials are received.

2) The participating laboratory must authorize the approved proficiency testing service to report proficiency test results to the Department.

3) The participating laboratory must test applicable materials only in the laboratory to which the license and the proficiency testing requirement applies using personnel and equipment used in that facility in providing services.

4) A laboratory shall be required to discontinue providing a service in a procedure or category of procedures (hematology, chemistry, bacteriology/mycology, parasitology, immunology/serology, immunohematology, etc.) if:

A) For three consecutive testing periods the laboratory fails to report on test materials received for procedures for which the laboratory is required to be proficiency tested, or

B) For three consecutive testing periods the laboratory demonstrates unsatisfactory performance in a procedure or category of procedures. A determination of satisfactory performance for a procedure for a testing period shall be all results being within acceptable limits established by the proficiency testing service for that procedure. A determination of satisfactory performance for a category of procedures shall be based upon 75% or more of the results in that category over three consecutive testing periods being within acceptable limits established by the proficiency testing service and approved by the Department.

5) A laboratory whose services have been disapproved because of unsatisfactory performance shall be reapproved by the Department to provide these services after meeting one of the following conditions, provided that proficiency testing is the only problem preventing reapproval:

A) The laboratory results for a disapproved procedure for two consecutive testing periods immediately prior to requesting reapproval shall be within acceptable limits established by the proficiency testing service. The laboratory results for a disapproved category of procedures shall have 75% or more of the results within acceptable limits established by the proficiency testing service for two consecutive testing periods immediately prior to requesting reapproval.

B) The laboratory director may request the Department to provide proficiency testing specimens for purposes of retesting. The cost of such proficiency testing specimens shall be borne wholly by the laboratory. The Department shall ship or cause to be shipped, hand carry or otherwise convey to the laboratory such proficiency testing specimens within three weeks after receipt of such request. The Department shall provide an on site visit by a laboratory evaluator for the purpose of determining deficiency correction. Successful analysis (100% of specific analysis or 75% of the results of a category are within acceptable limits as established by the testing service) shall be based upon test results of specimens similar in number and purpose to those normally received by the laboratory where performance has been judged unsatisfactory. Successful analysis and site visit findings shall be used to reapprove

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either a category of procedures or a given procedure.

(Source: Repealed at 18 Ill. Reg. _____, effective _____)

Section 250.540 Laboratory Personnel (Repealed)

a) Presence of Director or Supervisor

1) During all times when tests are routinely performed by the laboratory, at least one individual qualified as a laboratory director or as a laboratory supervisor shall be present in the laboratory.

2) When the laboratory is open during times other than times when tests are routinely performed, a director or supervisor is not required to be present, provided that the following requirements are met:

A) The tests are performed by a qualified technologist or technician.

B) The director, supervisor, or a qualified technologist is available for consultation as needed by the individual performing the tests.

C) The results of the tests performed during these times are reviewed by the director or supervisor during the next time period the laboratory is open for routine testing.

b) Duties of Laboratory Supervisor. The laboratory supervisor, under the general direction of the laboratory director, may supervise technical personnel and reporting of findings, and perform tests requiring special scientific skills. In the absence of the director, the laboratory supervisor shall be held responsible for the proper performance of all laboratory procedures.

c) Qualifications of a Laboratory Supervisor. A laboratory supervisor shall meet the requirements established for laboratory supervisors in the rules of the Department of Public Health governing clinical laboratories (77 Ill. Adm. Code 450.410(b) and (c)) which are in effect on January 1, 1988.

d) Qualifications of a Medical Technologist. A medical technologist shall meet the requirements established for medical technologists in the rules of the Department of Public Health governing clinical laboratories (77 Ill. Adm. Code 450.420(b) and (c)) which are in effect on January 1, 1988.

e) Laboratory Technicians. All laboratory workers must have received training adequate to prepare them for the tasks which they perform.

f) Technician Trainees. Technician Trainees shall not be employed in a ratio greater than one trainee to each staff member possessing no lesser qualification than a technologist.

(Source: Repealed at 18 Ill. Reg. _____, effective _____)

Section 250.550 Western Blot Assay Testing Procedures (Repealed)

All laboratories which conduct the Western blot assay shall comply with the requirements of this Section.

a) Western Blot Assay Testing Procedures

1) Western blot assay kits licensed by the United States Food and Drug Administration (FDA) shall be performed on specimens which have been found to be repeatable reactive using the enzyme linked immunosorbent assay (EBISA) test. The laboratory shall perform a Western blot assay test to determine reactivity with human immunodeficiency virus (HIV) polypeptides in accordance with manufacturer's recommendations or packaged insert.

2) When a Western blot assay kit that is not licensed by the FDA is utilized, the testing procedures must be able to demonstrate and reproduce in a second demonstration at least the HIV polypeptides in accordance with recommendations of the Centers for Disease Control, Association of State and Territorial Public Health Laboratory Directors, or Association of American Blood Banks.

3) Western blots must have clear backgrounds and lack non specific banding, and all banding should be distinct and uniform as well as reproducible.

4) The final blots of non licensed kits must be examined to determine if the antibodies reacted specifically with HIV polypeptides. Western blot interpretations shall be consistent with the manufacturer's recommendations or package insert.

b) Laboratory Certification and Quality Control

1) The laboratory prior to using any given lot of a non licensed Western blot kit, shall test all lot material with control sera consisting of negative (no reaction), weakly positive (some reaction but not strong), and positive (strong, very noticeable reaction) sera. The laboratory shall insure that the reagent lots are correctly identified with the above control sera. Any and all reagents not meeting the laboratory's specified criteria established in accordance with the quality control system methodologies in Section 250.530 shall not be utilized for testing.

2) The laboratory shall maintain internal HIV Western blot quality control for all Western blot assay. The laboratory shall maintain all internal Western blot quality control results for review by the Department.

3) The laboratory shall participate in at least one proficiency testing program for HIV screening and supplemental testing offered by the College of American Pathologists, the American Association of Bioanalysts, or the Department. A copy of all proficiency testing evaluation reports shall be made available for review by the Department.

(Source: Repealed at 18 Ill. Reg. _____, effective _____)

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NOTICE OF ADOPTED RULES

1) Heading of the Part: Illinois Rural Health Code

2) Code Citation: 77 Ill. Adm. Code 596

3) Section Numbers: Adopted Action:

596.10	New Section
596.20	New Section
596.30	New Section
596.40	New Section
596.100	New Section
596.110	New Section
596.120	New Section
596.130	New Section
596.140	New Section
596.200	New Section
596.210	New Section
596.220	New Section
596.230	New Section
596.240	New Section
596.300	New Section
596.310	New Section
596.320	New Section
596.330	New Section
596.340	New Section

4) Statutory Authority:

Implementing and authorized by the Illinois Rural/Downstate Health Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 8051 et seq.) [410 ILCS 65].

5) Effective Date of Amendment:

August 1, 1994

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain any Incorporation by Reference? No

8) Date Filed in Agency's Principal Office: August 1, 1994

9) Date Notice of Proposed Rulemaking was Published in the Illinois Register:

18 Ill. Reg. 3086 - March 4, 1994

10) Has the Joint Committee on Administrative Rules Issued a Statement of Objection to this Rulemaking? No

11) Difference Between Proposal and Final Version:

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The following changes were made in response to public comment:

In Section 596.300, a new subsection (c) was added to the listing of eligible applicants as follows: "not-for-profit organizations with an advisory board meeting the FQHC requirement and having the goal to become an FQHC or look-alike.

In Section 596.340, a new subsection (b) has been added as follows: "Priority consideration will be given to applications received from health centers funded through Sections 329, 330 and 340 of the Public Health Service Act or from FQHC look-alikes." and subsections (b) through (g) have been relabeled as (c) through (h).

In addition, various technical, editorial and grammatical changes were made in response to suggestions of the Joint Committee on Administrative Rules and the Administrative Code Division.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? All changes requested by the Joint Committee on Administrative Rules have been made as agreed.

13) Will the Rulemaking Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Rulemaking:

These rules include eligibility requirements, selection criteria and requirements relating to use of grant funds to govern grants to community based organizations, community health care centers, and rural hospitals, to improve access to health care in rural, underserved areas of the State.

16) Information and Questions Regarding this Adopted Rulemaking Shall be Directed to:

Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 (217)782-6187.

The full text of the Adopted Rules begins on the next page:

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NOTICE OF ADOPTED RULES

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER g: GRANTS TO INCREASE ACCESS TO PRIMARY HEALTH CARE AND SCHOLARSHIPS FOR HEALTH PROFESSIONAL STUDENTS

PART 596
ILLINOIS RURAL HEALTH CODE

SUBPART A: GENERAL PROVISIONS

SUBPART B: GRANTS TO DEVELOP COMMUNITY BASED PRIMARY CARE CENTERS

SUBPART C: GRANTS TO HOSPITALS LOCATED IN MEDICALLY UNDERSERVED AREAS OR HEALTH PROFESSIONAL SHORTAGE AREAS

SUBPART D: GRANTS TO SUPPORT EXPANSION OF COMMUNITY HEALTH CENTERS' PROGRAMS

AUTHORITY: Implementing and authorized by Illinois Rural/Downstate Health Act

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(Ill. Rev. Stat. 1991, ch. 111 1/2, par. 8051 et seq.) [410 ILCS 65].

SOURCE: Adopted at 18 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 596.10 Applicability

a) This Part is in response to an Act designed to improve accessibility to necessary health care for citizens living in rural and downstate areas of Illinois. The provisions of this Part are organized into four Subparts. Subpart A includes general provisions, such as definitions and administrative hearing rules, which apply to all Sections of the Part.
b) Subpart B includes provisions for awarding grants to develop community based primary care centers. These provisions set forth the application and selection processes for distribution of grant funds and performance requirements.
c) Subpart C includes provisions for awarding grants to hospitals located in underserved areas to support diversification strategies designed to improve the hospitals' fiscal position. These provisions set forth the application and selection processes for distribution of grant funds and performance requirements.
d) Subpart D includes provisions for awarding grants for the expansion of community health center programs. These provisions set forth the application and selection processes for distribution of grant funds and performance requirements.

Section 596.20 Definitions

"Act" means the Illinois Rural/Downstate Health Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 8051 et seq.) [410 ILCS 65].

"Community" means one or more incorporated and/or unincorporated villages or towns.

"Community Based Organization" means a locally organized and recognized group of individuals whose goals include efforts to maintain or increase the availability or accessibility of necessary health care for the citizens of their community.

"Community Health Center" means
migrant health centers or community health centers or health care for the homeless programs supported under Sections 329, 330, or 340 of the Federal Public Health Service Act, respectively; and Federally Qualified Health Centers, including look-alikes, *as designated by the Federal Health Care Financing Administration or Illinois Department of Public Health,* or the Public Health

Service of the U.S. Department of Health and Human Services. (Section 4.1 of the Act)

"Center" means the Center for Rural Health of the Illinois Department of Public Health.

"Department" means the Illinois Department of Public Health.

"Designated shortage area" means a medically underserved area or health manpower shortage area as defined by the United States Department of Health and Human Services or as otherwise designated by the Illinois Department of Public Health. (Section 2 of the Act)

"Downstate" means those Illinois counties other than Cook, Lake, McHenry, DuPage, Will, and Kane.

"Local health department" means a county, multi-county, municipal or district public health agency certified by the Department.

"Medically underserved population" means individuals who reside in a U.S. Department of Health and Human Services health professional shortage area or medically underserved area; or who are designated a medically underserved population by the U.S. Department of Health and Human Services; or who reside in an area designated by the Department as underserved.

"Mid-level providers" include health professionals who have completed specialized training and who meet the requirements of nationally recognized health professional organizations granting certification to nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, and physicians' assistants.

"Primary care" means health care that encompasses prevention services, basic diagnostic and treatment services, and support services such as laboratory, radiology, transportation, and pharmacy. Primary care shall be comprehensive in nature and not organ or problem specific, shall be oriented toward the longitudinal care of the patient and shall be responsible for coordination of other health and social services as they relate to the patients' needs.

"Primary care physician" means a person licensed to practice medicine in all of its branches under the Medical Practice Act (Ill. Rev. Stat. 1991, ch. 111, par. 4400-1 et seq.) [225 ILCS 60] with a specialty in family practice, general internal medicine, obstetrics and gynecology, pediatrics, or combined internal medicine/pediatrics as defined by recognized standards for professional medical practices.

"Rational service area" means the geographic area surrounding a physician's office, a hospital or clinic, and from which the residents

may be reasonably expected to seek health care from the physician, hospital or clinic located within the area.

"Rural" means any geographic area not located in a U.S. Bureau of the Census Metropolitan Statistical Area; or a county located within a Metropolitan Statistical Area but having a population of 60,000 or less; or a community located within a Metropolitan Statistical Area but having a population of 2500 or less.

Section 596.30 Referenced Materials

The following materials are referenced in this Part:

a) Illinois Statutes
   1) Medical Practice Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, par. 4400-1 et seq.) [225 ILCS 60] (See Section 596.20).
   2) Illinois Rural/Downstate Health Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 8051 et seq.) [410 ILCS 65].
   3) Hospital Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 142 et seq.) [210 ILCS 85].

b) Illinois Rules
   1) Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).
   2) Family Practice Residency Code (77 Ill. Adm. Code 590).
   3) Certified Local Health Department Code (77 Ill. Adm. Code 600).

c) Federal Statutes
   1) Designation of Health Professional Shortage Areas, Section 332 of the Public Health Service Act (42 U.S.C. 254e) (1991).
   2) Designation of Medically Underserved Areas, Section 330 (b)(3) of the Public Health Service Act (42 U.S.C. 254c (b)(3)) (1991).

Section 596.40 Administrative Hearings

Any administrative hearings conducted by the Department concerning the provisions of this Part shall be governed by the Department's Rules of Practice and Procedure in Administrative Hearings (See 77 Ill. Adm. Code 100).

SUBPART B: GRANTS TO DEVELOP COMMUNITY BASED PRIMARY CARE CENTERS

Section 596.100 Eligibility for Grants

The following entities which are located in rural, downstate designated shortage areas are eligible to apply for grants through this Part:

a) local health departments;
b) incorporated, not-for-profit organizations composed of local civic leaders and local citizens representative of the proposed service area;
c) governmental entities;
d) hospital boards of directors;

e) community health centers.

Section 596.110 Limitations on Use of Grant Funds

Grant funds awarded by the Department may be used to support projects which develop new services or enhance existing services to meet the primary health care needs of rural, downstate designated shortage areas.

a) Grant funds may be used to *cover operations and facility construction and renovation expenses, including but not limited to the cost of personnel, medical supplies and equipment, patient transportation, and health provider recruitment.* (Section 4 of the Act)
b) Grant funds may be used for staff education and for expenses associated with participation in an interactive telecommunication system, to establish telemetry and other electronic communication capabilities.
c) Grant funds may not be used to offset existing indebtedness.
d) Grant funds may not be used to supplant existing funds which support a particular service, program or activity for which grant funds are requested.
e) Grant funds may not be used to purchase real property.

Section 596.120 Project Requirements

a) Projects to be funded through this Part shall respond to requests for proposals distributed by the Department and delineate project expectations.
b) Requests for proposals prepared by the Department shall address one or more of the following goals:
   1) use of innovative methods which expand the ability of existing health and social service providers located in or near the service area to meet the overall primary care needs within a project's service area;
   2) increase the numbers or types of primary health care providers within a designated shortage area;
   3) increase the level of collaborative working arrangements among a variety of health and social service providers in a project service area;
   4) address public health priorities set forth in the March 1993 draft report Statewide Health Needs Assessment: Towards a Healthy Illinois 2000;
   5) target those rural areas identified by the Center in the report (Rural Primary Health Care Needs Assessment) as having the greatest need for primary health care and public health interventions.
c) Projects shall have a director who is responsible for administrative and fiscal management of the project.
d) Project directors shall annually submit fiscal and program objective reports as detailed in the Department's request for proposals.
e) Projects which establish a primary health care clinic using grant funds under this Subpart shall meet the following minimum requirements:
   1) provide at a minimum the level of services required by the Rural Health Clinic Act, and when eligible, seek certification as either a Rural Health Clinic or a Federally Qualified Health Center or look-alike;
   2) make services available and accessible to all residents of the project's service area;
   3) ensure that physicians with whom the clinic contracts or employs shall have staff privileges at a minimum of one hospital in the area and shall be responsible for arranging 24 hour coverage;
   4) have referral arrangements with other service providers to assist clinic patients in receiving needed health and social services.
f) Projects shall demonstrate development of a consortium of agencies and providers, with involvement of a minimum of two separate agencies or service providers. Consortium members may include urban entities, including those in the counties of Cook, Lake, Kane, McHenry, DuPage and Will. Services shall be targeted to residents of rural and downstate areas, and the majority of funds shall be used and the applicant shall be located in a rural, downstate area.
g) Evidence of the solicitation and consideration of input and potential participation in the project by the local health department, and other health and social service providers in the area shall be included in an application. Such evidence may include copies of correspondence soliciting input.
h) Projects selected for funding which build on existing activities shall demonstrate an increase in service recipients and a maintenance or increase in the level of previously available funds used to support the project prior to receipt of funds under this Part.
i) Projects which propose to provide health care diagnostic and treatment services shall have written statements of cooperation between any other service area providers receiving state or federal grant support for related services.
j) Projects which propose to provide health care diagnostic and treatment services shall submit as part of the application a projected budget estimating entire project costs and all revenue sources.
k) Projects shall document that local funds (non-state, non-federal) equivalent to 25 percent of the annual project cost will be available and used.

Section 596.130 Application for Grants

a) Applications shall be prepared and available from the Department for eligible applicants.
b) Applications submitted to the Department shall describe the applicants' proposed methods to achieve the goal(s) specified in the Department's request for proposals.
c) Application formats shall include, but not be limited to:
   1) Summary statement of the applicant's plan of action to address

the goal(s) described in the Department's request for proposals;

2) A description of the geographic area or special population group to be served by the applicant's project, a statement of the special needs of the area or groups, and a thorough explanation of the manner in which the proposed project would meet those needs;
3) A statement of the measurable and relevant objectives the applicant proposes to achieve in the grant year as well as its longer term goals;
4) A work plan and timetable for achievement of the objectives;
5) An evaluation plan which will allow documentation of the project's progress in meeting the particular needs of the area or group described in subsection (c)(2) of this Section.
6) A detailed budget with narrative description of the request; and
7) A plan and timetable for development of the project's self-sufficiency.

d) Applications for projects that will develop or enhance a health care diagnostic and treatment clinic shall include the following in addition to the above subsection (c)(1) through (7) of this Section:
   1) staffing plan for the clinic;
   2) referral arrangements for services not available at the clinic;
   3) plan for quality assurance and continuing professional education for clinic staff;
   4) plan for after hours coverage.

Section 596.140 Selection Criteria

a) Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest impact on accessibility and availability of primary health care services for residents of designated shortage areas or for population groups with special needs. Such an impact shall be demonstrated by detailing the expected number of recipients who were previously unserved or underserved and who will now be served by the project.
b) Additional selection criteria which will cause an application to receive priority consideration include:
   1) projects which are closest to operational status at time of application;
   2) projects which have the broadest range of health and social service providers and other types of community organizations actively participating in the organization and on-going policy decisions;
   3) projects which have the broadest base of financial support and can become self-supporting when grant funds end;
   4) projects which propose the greatest expenditure of grant dollars in rural areas when a consortium includes urban providers.
c) Of the applications that propose to provide diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:

   1) those that are eligible for any cost-based reimbursement programs available now (Rural Health Clinic and Federally Qualified Health Center programs) or any that develop in the future;
   2) those that plan to serve as sites for educational experiences for a variety of health and social service profession students.
d) For those projects not developing clinic sites or the direct provision of health care diagnostic and treatment services, priority consideration will be given to those which can be self-sustaining at least by the end of four calendar years of funding.
e) For those projects which develop clinic sites or directly provide health care diagnostic and treatment services, priority consideration will be given to those which can be self-sustaining at least by the end of six calendar years of funding.

SUBPART C: GRANTS TO HOSPITALS LOCATED IN MEDICALLY UNDERSERVED AREAS OR HEALTH PROFESSIONAL SHORTAGE AREAS

Section 596.200 Eligibility for Grants

a) All Illinois licensed hospitals located in rural designated shortage areas are eligible to apply for grants
b) Applicant hospitals shall have *governing boards* which *include significant representation of consumers of hospital services residing in the area served by the hospital and which agree not to discriminate in any way against any consumer of hospital services based upon the consumer's source of payment for those services.* (Section 4(f) of the Act)

Section 596.210 Limitations on Use of Grant Funds

a) Grant funds *shall be limited to $500,000 and 50% of the total project need indicated in each application.* (Section 4(f) of the Act)
b) *expenses covered by the grants may include but are not limited to facility renovation, equipment acquisition and maintenance, recruitment of health personnel, diversification of services, and joint venture arrangements.* (Section 4(f) of the Act)
c) Grant funds may be used for staff training which is specific to the needs of the project.
d) Grant funds may be used to enable a hospital to participate in an interactive satellite communication system, and to establish telemetry and other electronic communications capabilities.
e) Grant funds shall not be used to offset existing indebtedness.
f) Grant funds may not be used to supplant existing funds which support a particular service, program or activity for which grant funds under this Subpart are requested.
g) Grant funds may not be used to purchase real property.

Section 596.220 Project Requirements

a) Projects to be funded through this Subpart shall respond to requests for proposals distributed by the Department and delineating project expectations.
b) Requests for proposals prepared by the Department shall address one or more of the following goals:
   1) Adapting to changes in service needs and expectations in the hospital's service areas;
   2) Collaborating with other providers to efficiently and effectively provide services;
   3) Improving access to primary health care or emergency services;
   4) Using interactive telecommunications technologies.
c) Projects shall have a director who is responsible for administrative and fiscal management of the project.
d) Project directors shall annually submit fiscal and program objective reports as detailed in the Department's request for proposals.
e) Projects which establish a clinic using grant funds shall provide at a minimum the level of services required by the Rural Health Clinic Act and, when eligible, shall seek certification as either a Rural Health Clinic or a Federally Qualified Health Center or look-alike.
f) Projects shall develop a consortium of agencies and providers, with involvement of a minimum of two additional agencies or service providers, local businesses, institutions, service organizations, and other health and social service providers. Consortium members may include urban entities, but services shall be targeted to residents of rural and downstate areas, the majority of funds shall be used in and the applicant shall be located in a rural, downstate area.
g) Projects selected for funding which build on existing activities shall demonstrate an increase in service recipients and maintenance or increase in the level of previously available funds used to support the project prior to receipt of funds under this Part.
h) Projects which propose to provide health care diagnostic and treatment services shall have written statements of cooperation with any other service area providers receiving State or federal grant support for related services.
i) Projects which propose to provide health care diagnostic and treatment services shall submit as part of the application a cost report documenting entire project costs and all revenue sources and amounts.
j) Projects shall document that local funds, cash or in-kind services, equivalent to 50 percent of the annual project cost, will be available and used to support the operations of the project.

Section 596.230 Application for Grants

a) Applications shall be prepared and distributed by the Department to eligible applicants.
b) Applications submitted to the Department shall describe the applicants' proposed methods to achieve the goal(s) specified in the Department's request for proposals.
c) Application formats shall include, but not be limited to:

   1) Summary statement of the applicant's plan of action to address the goal(s) described in the Department's request for proposals;
   2) A thorough description of the need for the proposed project and the expected impact of the project on the hospital and the community served by the hospital;
   3) A statement of the measurable and relevant objectives the applicant proposes to achieve in the grant year as well as its longer term goals;
   4) A work plan and timetable for achievement of the objectives;
   5) An evaluation plan which will allow documentation of the project's progress in meeting the particular needs described in subsection (c)(2) of this Section.
   6) A detailed budget with narrative description of the requested amounts; and
   7) A plan and timetable for development of the project's self-sufficiency.
d) Applications for projects that will develop or enhance a health care diagnostic and treatment clinic shall include, in addition to subsection (c) of this Section, the following:
   1) Staffing plan for the clinic;
   2) Referral arrangements for services not available at the clinic;
   3) Plan for quality assurance and continuing professional education for clinic staff;
   4) Plan for after-hours coverage.

Section 596.240 Selection Criteria

a) Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest impact on accessibility and availability of primary health care services for residents of the service area or the greatest impact on the fiscal strength of the hospital. Such an impact shall be demonstrated by detailing the expected number of service area residents who were previously unserved or underserved and who will now be served by the project or by demonstrating an improvement in financial status of the hospital.
b) Additional selection criteria which will cause an application to receive priority consideration include:
   1) Projects which are closest to operational status or are already functioning at time of application;
   2) Projects which have the broadest range of health and social service providers and other types of community and business organizations actively participating in the organization and on-going policy decision;
   3) Projects which develop the highest level of financial support and can become self-supporting when grant funds end.
c) Of the applications that propose to provide health care diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:

1) Eligible for any cost-based reimbursement programs available (Rural Health Clinic and Federally Qualified Health Center programs) or any that develop in the future;
2) Intent to serve as sites for educational experiences for students in a variety of health and social service professions.

d) For those projects not developing clinic sites or directly providing health care diagnostic and treatment services, priority consideration will be given to those which can be self-sustaining at least by the end of six calendar years of funding.

SUBPART D: GRANTS TO SUPPORT EXPANSION OF COMMUNITY HEALTH CENTERS' PROGRAMS

Section 596.300 Eligibility for Grants

The following entities are eligible to apply for grants through this Part:

a) Health centers funded through Sections 329, 330 or 340 of the federal Public Service Act;
b) Federally qualified health centers, including look-alikes, as designated by the federal Public Health Service or by the Department;
c) Not-for-profit organizations with an advisory board meeting the FQHC requirements and having the goal to become an FQHC or look-alike.

Section 596.310 Limitations on Use of Grant Funds

a) Grant funds shall be used to assist *in the recruitment and retention of medical professionals, purchase of new equipment, operational expenses, facility construction and renovation, and outreach programs for medically underserved populations.* (Section 4.1 of the Act)
b) Grant funds shall not be used to supplant existing funds which support a particular service, program or activity for which grant funds under this Subpart are requested.
c) Grant funds shall not be used to purchase real property.

Section 596.320 Project Requirements

a) Projects to be funded through this Part shall respond to requests for proposals distributed by the Department and delineating project expectations.
b) Requests for proposals prepared by the Department shall address one or more of the following:
   1) use of innovative methods which expand the ability of existing health and social service providers located in or near the service area to meet the overall primary care needs within a project's targeted area;
   2) increase the numbers or types of primary health care providers within a designated shortage area;
   3) increase the level of collaborative working arrangement among a variety of health and social service providers in a project's service area;
   4) target those rural areas identified by the Department as having the greatest need for primary health care and public health interventions.
c) Projects funded through this Part *shall avoid duplicating resources in areas where primary health care services are already available* (Section 4.1 of the Act) and are meeting health care demands.
d) Projects shall identify a project director who shall be responsible for administrative and fiscal management of the project.
e) Project directors shall annually submit fiscal and program objective reports as detailed in the Department's request for proposals.
f) Projects which establish a primary health care clinic using grant funds under this Subpart shall meet the following minimum requirements:
   1) seek designation as a Federally Qualified Health Center or look-alike;
   2) make services available and accessible to all residents of the project's service area;
   3) ensure that physicians with whom the clinic contracts or employs shall have staff privileges at a minimum of one hospital in the area and shall be responsible for arranging 24-hour coverage;
   4) have referral arrangements with other service providers, such as the local health departments, local mental health agencies, dentists, senior services agencies, pharmacies, and, where available, transportation providers to assist clinic patients in receiving needed health and social services.
g) Evidence of the solicitation and consideration of input and potential participation in the project by the local health department and other health and social service providers in the area shall be included in an application. Such evidence may include copies of correspondence soliciting input.
h) Projects selected for funding which build on existing activities shall demonstrate an increase in service recipients and, at a minimum, the maintenance of or an increase in the level of previously available funds used to support the project prior to receipt of funds under this Part.
i) Projects which propose to provide health care diagnostic and treatment services shall submit as part of the application a projected budget estimating entire project costs and all revenue sources.
j) Projects developed under the auspices of a Public Health Service Act, Section 329, 330, or 340 funded entity, or a Federally Qualified Health Center look-alike, which are outside their service areas and which develop a primary health care clinic, shall develop a board of directors representative of the new service area.

Section 596.330 Application for Grants

a) Applications shall be prepared and distributed by the Department to eligible clients.

b) Applications submitted to the Department shall describe the applicants' proposed methods to achieve the goals specified in the Department's request for proposals.

c) Application formats shall include, but not be limited to:
   1) a summary statement of the applicant's plan of action to address the goal(s) described in the Department's request for proposals;
   2) a description of the geographic area or special population group to be served by the applicant's project, a statement of the special needs of the area or group, and a thorough explanation of the manner in which the proposed project would meet those needs;
   3) a statement of the measurable and relevant objectives the applicant proposes to achieve in the grant year, as well as the applicant's longer term goals;
   4) a work plan and timetable for achievement of the objectives;
   5) an evaluation plan which will allow documentation of the project's progress in meeting the particular needs of the area or group described in subsection (c)(2) of this Section;
   6) a detailed budget with a narrative description of the request;
   7) a plan and timetable for development of the project's self-sufficiency; and
   8) evidence of service area support for the project, such as letters of organizational support, local funding, and local participation in the original needs assessment.

d) Applications for projects that will develop or enhance a primary health care diagnostic and treatment clinic shall include, in addition to the requirements of subsection (c) of this Section, the following:
   1) a staffing plan for the clinic;
   2) referral arrangements for services not available at the clinic;
   3) a plan for quality assurance and continuing professional education for clinic staff;
   4) a plan for after-hours coverage.

Section 596.340 Selection Criteria

a) Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest impact on accessibility and availability of primary health care services for residents of designated shortage areas or for population groups with special needs. Such an impact shall be demonstrated by detailing the expected number of recipients who were previously unserved or underserved and who will now be served by the project.

b) Priority consideration will be given to applications received from health centers funded through Sections 329, 330 and 340 of the Public Health Service Act or from FQHC look-alikes.

c) Priority consideration will be given to projects which will be developed outside the existing service area of the applicant.

d) Additional selection criteria which will cause an application to receive priority consideration include:
   1) projects that are closest to operational status at time of application;
   2) projects that have the broadest range of health and social service providers and other types of community organizations actively participating in the organization and on-going policy decisions;
   3) projects that have the broadest base of financial support and can become self-supporting when grant funds end.

e) Of the applications that describe projects which will provide primary health care diagnostic and treatment services, priority consideration will be given to those that have the following characteristics:
   1) projects which are eligible for any cost-based reimbursement program currently available (Rural Health Clinic and Federally Qualified Health Center programs) or any such programs that develop in the future; and
   2) projects which will serve as a site for educational experiences for a variety of health and social service professions students.

f) For those projects not developing clinic sites or directly providing primary health care diagnostic and treatment services, priority consideration will be given to those projects that can be self-sustaining at least by the end of four calendar years of funding.

g) For those projects developing clinic sites or directly providing primary health care diagnostic and treatment services, priority consideration will be given to those projects that can be self-sustaining at least by the end of six calendar years of funding.

h) When the number of applications is sufficient to support a geographical separation of applicants, efforts will be made to distribute new awards among all geographical regions represented by applicants as follows:
   1) metropolitan Chicago, including the counties of Cook, Kane, Lake, McHenry, DuPage, and Will;
   2) downstate urban; and
   3) rural.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED RULES

1) Heading of the Part: Podiatric Scholarship and Residency Programs Code

2) Code Citation: 77 Ill. Adm. Code 593

3) Section Numbers: Adopted Action:

593.10	New Section
593.20	New Section
593.30	New Section
593.100	New Section
593.110	New Section
593.120	New Section
593.130	New Section
593.140	New Section
593.200	New Section
593.210	New Section
593.220	New Section
593.230	New Section
593.240	New Section

4) Statutory Authority:

Implementing and authorized by the Podiatric Scholarship and Residency Act [110 ILCS 978].

5) Effective Date of Rulemaking:

July 20, 1994

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain any Incorporation by Reference? No

8) Date Filed in Agency's Principal Office: July 20, 1994

9) Date Notice of Proposed Rulemaking was Published in the Illinois Register:

17 Ill. Reg. 11352 - July 23, 1993

10) Has the Joint Committee on Administrative Rules Issued a Statement of Objection to this Rulemaking? No

11) Difference Between Proposal and Final Version?

The following changes were made pursuant to an agreement with the Joint Committee on Administrative Rules:

Section 593.120(b) was revised to read as follows: "Requests for proposals prepared for the Department shall address the following goals:".

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED RULES

Section 593.140(f) has been modified to specify that "preference", instead of "additional consideration" as proposed, will be given to projects meeting specified criteria.

In Section 593.240(d), "as received" has been deleted regarding Department approval for a proposed practice location.

In Section 593.240(h)(1), "approved by the Department" has been replaced by "agreed to by the Department and the recipient". .

In addition, various technical, editorial and grammatical changes were made in response to suggestions of the Joint Committee on Administrative Rules and the Administrative Code Division.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? All changes agreed between the Department and the Joint Committee on Administrative Rules have been made.

13) Will the Rulemaking Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Rulemaking:

In accordance with the Podiatric Scholarship and Residency Act, the Department is charged with the responsibility of providing grants to podiatric medicine residency programs and scholarships to qualified podiatry students. The program will encourage podiatric physicians to locate in areas where health professional shortages exist and to increase the total number of podiatric physicians in the State.

16) Information and Questions Regarding this Adopted Rulemaking Shall be Directed to:

Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 (217)782-6187.

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED RULES

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER g: GRANTS TO DENTAL AND MEDICAL STUDENTS

PART 593
PODIATRIC SCHOLARSHIP AND RESIDENCY PROGRAMS CODE

SUBPART A: GENERAL PROVISIONS

SUBPART B: GRANTS TO PODIATRIC PRACTICE RESIDENCY PROGRAMS

SUBPART C: PODIATRIC MEDICAL STUDENT SCHOLARSHIPS

AUTHORITY: Podiatric Scholarship and Residency Act [110 ILCS 978]

SOURCE: Adopted at 17 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 593.10 Definitions

"Act" means the Podiatric Scholarship and Residency Act [110 ILCS 978].

"Department" means the Illinois Department of Public Health.

"Designated Shortage Area" means an area designated by the Director as a physician shortage area, a medically underserved area, or a critical health manpower shortage area as defined by the United States

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED RULES

Department of Health and Human Services, *or as further defined by the Department to enable it to effectively fulfill the purpose stated in Section 5 of the Act. These areas may include the following:*

an urban or rural area;
a population group; or
a public or nonprofit private medical facility (Section 10 of the Act).

"Director" means the Director of the Illinois Department of Public Health. (Section 10 of the Act)

"Eligible Podiatry Student" means a person who meets all of the following qualifications:

He or she is an Illinois resident at the time of application for scholarship under the program established by this Act.
He or she is studying podiatric medicine in a podiatry school located in Illinois.
He or she exhibits financial need as determined by the Department.
He or she agrees to practice full-time in a designated shortage area as a primary care physician one year for each year he or she is a scholarship recipient. (Section 10 of the Act)

"Full-time practice" means maintaining office hours for patient care for at least 20 hours per week.

"Medical Facility" means a facility for the delivery of Health Services and includes a hospital, State mental health institution, public health center, outpatient medical facility, rehabilitation facility, long-term care facility, community mental health center, migrant health center, a community health center, or a State correctional institution. (Section 10 of the Act)

"Minority" means any person or group of persons who are: African-American (a person having origins in any of the black racial groups in Africa); Hispanic (a person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race); Asian American (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands); or American Indian or Alaskan Native (a person having origins in any of the original peoples of North America).

"Podiatric Practice Residency Program" means a program accredited by the Council of Podiatric Medical Education. Residencies may be primary care or rotating. (Section 10 of the Act)

"Primary Care Physician" means a person licensed to practice podiatric medicine under the Podiatric Medical Act of 1987. (Section 10 of the

Act)

"Residency matching process" means the matching of podiatric medical students with residency training programs in the student's selected specialty.

"Residency training" means the years of graduate medical education which follow podiatric medical school and which train the rew podiatric physician in his or her chosen specialty.

Section 593.20 Incorporated Materials

The following materials are incorporated or referenced in this Part:

a) Illinois Statutes
   1) Podiatric Scholarship and Residency Act [110 ILCS 978]
   2) Illinois Podiatric Medical Practice Act of 1987 (Ill. Rev. Stat. 1991, ch. 111, par. 4801 et seq.) [225 ILCS 100]
b) Illinois and Federal Rules: Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)
c) All incorporations by reference of standards of nationally recognized organizations refer to the standards on the date specified and do not include any additions or deletions subsequent to the date specified.

Section 593.30 Administrative Hearings

Any administrative hearings conducted by the Department concerning the provisions of this Part shall be governed by the Department's Rules of Practice and Procedure in Administrative Hearings (See 77 Ill. Adm. Code 100).

SUBPART B: GRANTS TO PODIATRIC PRACTICE RESIDENCY PROGRAMS

Section 593.100 Eligibility for Grants

The following educational entities are eligible to apply for grants through this Part:

a) Any accredited podiatric practice residency program located in Illinois;
b) Any school of medicine in Illinois with a department of podiatric medicine.

Section 593.110 Limitations on Use of Grant Funds

Grant funds awarded by the Department may only be used to support project expenses and operations.

a) Grant funds may be used by the applicant to support project expenses, whether incurred at the residency or school's central site or at an affiliated satellite.
b) Grant funds may be used to support project operations, including those in the following budget categories:

   1) Personal services expenses of staff directly involved in the project;
   2) Medical equipment and supplies necessary for the operation of the project;
   3) Staff and resident travel directly related to the project;
   4) Nonmedical equipment and supplies necessary for the operation of the project;
   5) Contractual services and rent necessary for the operation of the project; and
   6) Other expenses critical to the operation of the project.
c) Grant funds shall not be used to supplant other State or federal grants.
d) Grant funds shall not be used to purchase real property or for new construction.

Section 593.120 Project Requirements

a) Projects to be funded through this Part shall respond to requests for proposals distributed by the Department delineating project requirements.
b) Requests for proposals prepared for the Department shall address the following goals:
   1) *increase the number of podiatric practice physicians in designated shortage areas;*
   2) *increase the number of accredited podiatric practice residencies in Illinois;*
   3) *increase the percentage of podiatric practice physicians establishing practice within the State upon completion of residency;*
   4) *provide funds for rental of office space, purchase of equipment and other uses necessary to enable podiatrists to locate their practice in communities located in designated shortage areas.* (Section 15(a) of the Act)
c) Projects shall have a director who is a board certified podiatric physician who oversees the educational and professional components of the program and who is eligible to be a faculty member of a school of podiatric medicine.
d) Project directors shall annually submit fiscal and program objective progress reports.

Section 593.130 Application for Grants

a) Applications shall be submitted which describe the applicant's proposed methods to achieve the goal(s) specified in the Department's request for proposals.
b) Applications shall be prepared and distributed by the Department to eligible applicants.
c) Applications shall be in two formats--one for new projects and one for the subsequent years of a continuing project.

1) New Department project applications shall include:
   A) summary statement of the applicant's plan of action to address the goal(s) described in the Department's request for proposals;
   B) a description of the geographic area or special population group to be served by the applicant's project, a statement of the special needs of the area or group (e.g., lack of health care providers, high incidence of disease, economic barriers to care and an explanation of the manner in which the proposed project would meet those needs;
   C) a statement of measurable and relevant objectives the applicant proposes to achieve in the first year of the project as well as its longer term goals;
   D) a work plan and time table for achievement of the objectives;
   E) an evaluation plan which will allow documentation of the project's progress in meeting the particular needs of the area or group described in subsection (c)(1)(B) of this Section;
   F) a description of the podiatric medical student or resident involvement in the project including numbers participating, amount of academic time involved, and whether involvement will be a required or an optional experience for the student or resident;
   G) a description of the education benefits the project would offer students or residents which, without the project, would not be available to them;
   H) a description of the project's relationship to other activities and goals of the school or the residency program;
   I) a detailed budget with narrative explanation of the request;
   J) for residency program applicants, a summary report for the most recent five-year period of the percent of graduates who have practiced in Illinois, and, if available, a count of those who have established practices in underserved areas of Illinois.
2) Continuing Department project applications shall include:
   A) progress report on the prior project year's activities, including accomplishments in meeting objectives, impact on needs of area or population group served, amount of student and/or resident involvement, and educational benefits achieved;
   B) summary statement of any changes in plan of action;
   C) description of changes in area or population group being served;
   D) statement of measurable objectives for the new project year;
   E) work plan and time table to meet the objectives;
   F) an evaluation plan for the new objectives;
   G) a detailed budget with narrative description; and
   H) for residency program applicants, a report on practice

location of the most recent graduates.

Section 593.140 Selection Criteria

a) Priority in the selection of applicants for funding shall be given to those projects that can demonstrate the greatest impact on availability of podiatric care for designated shortage areas or for population groups with special needs. Such an impact shall be demonstrated in the following manner:
   1) applicants which are located in a designated shortage area or can demonstrate that a significant percentage of patients served at their existing clinic sites reside in designated shortage areas;
   2) applicants which have presented a plan to significantly increase the number of individuals residing in designated shortage areas who shall become patients at the proposed projects; and
   3) applicants which can demonstrate a significant number of patients to be seen at the proposed project will be members of a population group with special needs (See Section 590.130(c)(1)(B)).
b) Applicants which can demonstrate the greatest level of residents' involvement in the proposed project shall receive priority consideration.
c) Applicants which can demonstrate the proposed project meets an educational need not available or insufficient in scope at the main residency location shall receive priority consideration.
d) Applicants which can demonstrate the lowest ratio of Podiatric Scholarship and Residency Act funds to total project cost shall receive priority consideration.
e) Applicants which can demonstrate a commitment to training podiatric practice physicians to meet the health care needs of designated shortage areas or population groups with special needs shall receive priority consideration. A commitment can be demonstrated in a number of ways, including:
   1) specific projects or activities targeted at population groups with special needs and/or populations residing in designated shortage areas, which were supported by sources other than Podiatric Scholarship and Residency Act funds;
   2) evidence of residency support, either financial or peer, for its graduates who have established practices in designated shortage areas; and
   3) higher percentages of residency graduates who have established practices in Illinois and in designated shortage areas.
f) Preference shall be given for those projects meeting the following guidelines:
   1) those *which are to be established at locations which exhibit potential for extending podiatric practice physician availability to designated shortage areas;*
   2) those *which are located away from communities in which medical schools are located;* or

3) those *located in hospitals having affiliation agreements with medical schools located within the State.* (Section 15(b) of the Act)

SUBPART C: PODIATRIC MEDICAL STUDENT SCHOLARSHIPS

Section 593.200 Limitations on Use of Scholarship Funds

a) Scholarships shall cover the cost of tuition and matriculation fees.
b) Scholarship funds shall be expended by the recipient only while enrolled and in good academic standing at a podiatric medical school.
c) Scholarship funds shall not be awarded for expenses incurred when the student must repeat more than once an academic term or terms, if the repetition is necessary because the student has an academic performance below an acceptable level as determined by the student's podiatric medical school.
d) Scholarship funds shall be provided to the recipient's podiatric medical school. All funds for tuition and fees are to be expended only on the medical student's behalf.
e) Scholarship funds shall not be awarded to any podiatric medical student for more than two academic years.

Section 593.210 Eligibility for Application

a) Students eligible to apply for Podiatric Student Scholarships shall meet the following qualifications:
   1) *He or she is an Illinois resident at the time of application;*
   2) *He or she is studying podiatric medicine,* or is accepted for enrollment, *in a podiatry school located in Illinois;*
   3) *He or she exhibits financial need as determined by the* Department, using financial analysis information provided by the applicant and accepted by his or her podiatry school. The Department shall find a financial need when the information provided reveals a deficit in available funds for tuition and fees; and
   4) *He or she agrees to practice full-time in a designated shortage area as a podiatric physician one year for each year he or she is a scholarship recipient.* (Section 10 of the Act)
b) Students receiving funds from other scholarship or loan funds requiring service commitments that would prevent the applicant from meeting the requirements of the Podiatric Scholarship shall not be eligible for scholarships described in this Subpart.

Section 593.220 Criteria for Selecting Scholarship Recipients

a) The Department shall allocate podiatric scholarship monies to podiatric medical schools for scholarship award. Such podiatric medical schools shall utilize the following criteria in the selection of scholarship recipients. Preference shall be given to those

scholarship applicants who, in written narratives and personal interviews, can demonstrate the following:
   1) interest in pursuing podiatric medicine;
   2) previous experience with medically underserved populations;
   3) previous experience in the health care delivery system, with preference given to those whose experience has involved one of the primary care specialty areas;
   4) academic capabilities as reported by the applicant's podiatric medical school;
   5) financial need as reported by standard financial analysis documentation supplied by the applicant's podiatric medical school on the student's behalf;
   6) greater number of years of podiatric medical school remaining;
   7) stated interest in providing podiatric care to Illinois citizens residing in designated shortage areas of Illinois;
   8) greatest number of years of residence in Illinois; and
   9) United States citizens, or those granted permanent residence in the United States by the Immigration and Naturalization Service.
b) Of all applicants, priority is given to those individuals who have previously received a Podiatric Student Scholarship, providing that:
   1) recipient requests, in a format determined by the Department, a continuation of scholarship funds;
   2) recipient would not be repeating the same year of school for the second consecutive year because of poor academic performance; and
   3) recipient has not voluntarily withdrawn from podiatric medical school.
c) *Minority students* as defined in Section 593.10 *shall be given preference in selection for scholarships.* (Section 5 of the Act)

Section 593.230 Terms of Performance

a) Each scholarship recipient shall sign a written contract. The contract contains additional terms and conditions which ensure compliance with this Part, the laws of the State of Illinois, and enforcement of the contract.
b) Scholarship recipients who fail to complete podiatric medical school due to academic failure, as documented by recipient's school, shall be discharged from all obligations.
c) Scholarship recipients who fail to complete podiatric medical school due to voluntary actions on their part shall repay to the Department all scholarship monies. Repayment shall be made in such a manner as agreed to by the recipient and the Department in the recipient's contract.
d) In the event the scholarship recipient is disabled or is otherwise unable for reasons beyond the recipient's control to perform the scholarship's obligations, these obligations shall be suspended until such time as the scholarship recipient is able to resume the scholarship obligations. Such suspension shall be requested in writing by the scholarship recipient. The Department's acceptance or

denial of the suspension request will be provided in writing, under the Director's signature. The Department shall accept a request for a suspension when supported by a letter from the recipient's physician attesting to the recipient's inability (either temporarily or permanently) to continue either school or the practice of podiatric medicine and the recipient's agreeing to not continue either his or her medical education or the practice of podiatric medicine in any state.

e) Misrepresentation of the facts presented in the recipient's application shall be considered a breach of contract. The recipient's school shall be notified to halt further disbursements of scholarship funds and all funds provided by the Department to the student shall be due in full, immediately.

ection 593.240 Scholarship Repayments

a) Upon the Illinois licensure of the scholarship recipient to practice podiatric medicine, the recipient shall provide primary health care in a designated shortage area of Illinois. The term of this service shall be one year for each academic year he or she is a scholarship recipient.

b) Service as a physician shall begin no later than 30 days after the licensure of the recipient to practice medicine.
   1) Service shall be deferred by the Department until recipient completes a podiatric care residency; service shall begin no later than 30 days after completion.
   2) If recipient leaves the residency program prior to completion, service shall begin with 30 days.

c) The recipient's internship, residency or other advanced clinical training does not qualify as service repayment of the scholarship obligation.

d) Written approval of the Department for a proposed practice location shall be requested by the scholarship recipient.
   1) Without such approval, time in practice at such a location shall not meet scholarship recipient's service obligation.
   2) The scholarship recipient may request approval for a practice location up to 18 months preceding the time practice at the location is to begin.
   3) Approval for a practice location is granted for the duration of the scholarship recipient's service obligation.

e) The scholarship recipient's practice shall meet the following requirements:
   1) be located in a designated shortage area;
   2) be a full-time, office-based practice providing direct patient care; and
   3) provide continuous service at the rate of 12 months for each academic year of podiatric medical school supported by the scholarship.

f) Scholarship recipients may relocate to another practice location, or

practice in more than one location, if prior written approval is granted by the Department.

g) Scholarship recipients shall enter into a written contract with the Department which describes terms of the service obligation and contains provisions for enforcement of the contract.

h) *Scholarship recipients who fail to fulfill their oblication to practice in designated shortage areas shall pay to the Department a sum equal to 3 times the amount of the annual scholarship grant for each year the recipient fails to fulfill that obligation.* (Section 30 of the Act)
   1) Payment shall be made in equal monthly installments in such amounts so that all sums due shall be paid within a period of time equal to the recipient's service term, or remaining portion thereof, or as otherwise agreed to by the recipient and the Department.
   2) Recipient and Department shall enter into a written contract which describes terms of the repayment and contains provisions for enforcement of the contract.

i) In the event a scholarship recipient fails to pay monies owed the Department, the Department may refer the matter to the Attorney General or to a collection agency.

ILLINOIS RACING BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Part-Mutuels

2) Code Citation: 11 Ill. Adm. Code 405

3) Section Numbers: 405.120 — Proposed Action: Amendment

4) Statutory Authority: 230 ILCS 5

5) Effective Date of Rule(s): July 14, 1994

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rule contain incorporations by reference? No.

8) Date Filed in Agency's Principal Office: July 14, 1994

9) Notice(s) of Proposal Published in Illinois Register:
18 Ill. Reg. 2838, February 25, 1994

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version:
The amendment to Section 405.90 was removed from the rulemaking during second notice.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? N/A

13) Will this rule replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rule(s):
This amendment establishes a minimum wager price and requires all intertrack wagering locations to offer the same wager price as the organization or host.

16) Information and questions regarding this adopted amendment shall be directed to:

Name: Illinois Racing Board, Legal Department
Address: 100 West Randolph, Suite 11-100
Chicago, Illinois 60601

The full text of the Adopted Amendment begins on the next page:

ILLINOIS RACING BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 11: ALCOHOL, HORSE RACING, AND LOTTERY
SUBTITLE B: HORSE RACING
CHAPTER I: ILLINOIS RACING BOARD
SUBCHAPTER b: RULES APPLICABLE TO ORGANIZATION LICENSEES

PART 405
PARI-MUTUELS

Section

AUTHORITY: Implementing and authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5/9(b)].

SOURCE: Adopted at 4 Ill. Reg. 38, effective September 8, 1980; codified at 5 Ill. Reg. 10886; emergency amendment at 8 Ill. Reg. 22142, effective October 31, 1984, for a maximum of 150 days, amended at 11 Ill. Reg. 12375, effective July 18, 1987; amended at 12 Ill. Reg. 206, effective December 23, 1987; amended at 14 Ill. Reg. 11310, effective July 3, 1990; amended at 14 Ill. Reg. 17646, effective October 16, 1990; amended at 15 Ill. Reg. 591, effective January 3, 1991; amended at 15 Ill. Reg. 2733, effective February 5, 1991; amended at 15 Ill. Reg. 13933, effective September 5, 1991; amended at 16 Ill. Reg. 8232, effective May 19, 1992; amended at 18 Ill. Reg. _____, effective _____.

ILLINOIS RACING BOARD

NOTICE OF ADOPTED AMENDMENTS

Section 405.90 Number of Pari-Mutuel Races

a) For the purpose of pari-mutuel wagering, all races are considered separate and distinct.
   1) Harness: Wagering shall be prohibited on more than 11 harness races during the course of a single racing program, unless special permission is granted by the Board.
   2) Thoroughbred: Wagering shall be prohibited on more than 10 thoroughbred races during the course of a single racing program.

b) Organization licensees may request wagering on additional races. In acting on such requests, the Board shall consider the effect of extra races on state revenue and on track and state employees, and shall consider the availability of horses.

c) If severe weather causes the cancellation of an organization's race program, and no other Illinois program is available for intertrack wagering, the organization licensee may accept the simulcast of a full race program from another state.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

Section 405.120 Minimum ~~Ticket~~ Wager Prices

~~No--pari-mutuel--ticket--shall--be-sold-for-less-than-$2;--No-pari-mutuel-ticket combining-win-and-place,-win-and-show,-or-place-and-show-shall-be-sold-for-less than-$4;--No-pari-mutuel-ticket-combining-win,-place-and-show-shall-be-sold--for less--than--$6;---This-paragraph-shall-not-be-applicable-to-special-promotional events-(e.g.,-special-promotional-events-contemplates-Dollar-Days);~~

a) The minimum pari-mutuel wager for win, place or show shall be $2 unless otherwise approved by the Board. The minimum pari-mutuel wager for all other pools shall not exceed $3, nor be less than $1, unless otherwise approved by the Board.

b) All inter-track wagering facilities shall establish and maintain minimum pari-mutuel wager prices that are the same as those offered by the organization licensee providing the simulcast.

(Source: Amended at 18 Ill. Reg. _____, effective _____)

SECRETARY OF STATE

REQUEST FOR EXPEDITED CORRECTION

1) Heading of the Part: The Illinois Library Systems Act

2) Code Citation: 23 Ill. Adm. Code 3030

3) Section Numbers:
303.10; 3030.105

4) Date Proposal published in Illinois Register:

6/25/93, 17 Ill. Reg. 9678 (Sections 3030.10, 3030.105)
7/30/93, 17 Ill. Reg. 12277 (Section 3030.105)
11/5/93, 17 Ill. Reg. 19072 (Sections 3030.10; 3030.105)

5) Date Adoption published in Illinois Register:

11/23/93, 17 Ill. Reg. 21187 (Sections 3030.10; 3030.105)
12/14/93, 17 Ill. Reg. 22048 (Section 3030.105)
5/3/94, 18 Ill. Reg. 7452 (Sections 3030.10; 3030.105)

6) Summary and Purpose of Expedited Correction: The State Library adopted rules on 11/23/93, 12/14/93 and 5/3/94. When the Library filed the third of these rulemakings, it filed text, furnished by JCAR, that failed to embrace the earlier 2 rulemakings. These mysterious omissions are being investigated, but the cause of the error has not been discovered. As the State Library is the innocent victim of this error, the necessary paperwork for an expedited correction has been prepared for restoration of the text previously adopted in the Administrative Code or published in the Illinois Register.

7) Information and questions regarding this request shall be directed to:

Name: Kathleen Bloomberg
Address: Illinois State Library
Secretary of State
300 S. Second
Springfield, Illinois 62701
Telephone: 785-0052

DEPARTMENT OF PUBLIC AID

NOTICE OF PUBLIC INFORMATION

REQUESTS FOR COPIES OF THE WAIVERS TO THE MEDICAID PROGRAM TO IMPLEMENT PROVISIONS OF THE INTEGRATED HEALTH CARE PROGRAM

This notice complies with Section 5-16.3(p) of the Illinois Public Aid Code as added by Senate Bill 776, which has been passed by the Illinois General Assembly and is expected to be signed into law by the Governor in the near future.

This provision of Senate Bill 776 requires the Department to punish in the Illinois Register the name, address, and telephone number of the individual to whom a request may be direct for a copy of the waiver of provisions of Title XIX of the Social Security Act that the Department intends to submit to the Health Care Financing Administration in order to implement the integrated health care program. Pursuant to this provision, requests for copies of the waiver are to be directed to:

Marie Runta
Division of Medical Programs
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763
Phone Number: (217) 782-2750

The Department will mail a copy of the request for waiver to all requestors at least 16 days before filing the request for waiver with the Health Care Financing Administration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES

ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of July 12, 1994 through July 18, 1994, and have been scheduled for review by the Committee at its August 16, 1994 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield, IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
8/27/94	State Board of Elections, The Campaign Finance Act (26 Ill Adm Code 100)	9/10/93 17 Ill Reg 14333	8/16/94
8/27/94	Office of the State Fire Marshal, Storage, Transportation, Sale and Use of Liquified Petroleum Gases (41 Ill Adm Code 200)	1/7/94 18 Ill Reg 22	8/16/94
8/27/94	Department of Transportation, Vehicle Inspection Section Hearings (92 Ill Adm Code 450)	5/20/94 18 Ill Reg 7733	8/16/94
8/27/94	State Board of Elections, Miscellaneous (26 Ill Adm Code 207)	9/10/93 17 Ill Reg 14342	8/16/94
9/1/94	Department on Aging, Older Americans Act Programs (89 Ill Adm Code 230)	4/15/94 18 Ill Reg 5720	8/16/94

PROCLAMATION
94-361
ALEKSA J. DUJOVIC DAY

Whereas, Aleksa J. Dujovic served his native Montenegro, Yugoslavia with courage and honor; and

Whereas, his noble efforts to accomplish peace live on today and have inspired many to protect the liberties of all people; and

Whereas, Aleksa J. Dujovic fought valiantly with the Allies against fascism and communist oppression during World War II; and

Whereas, through his words and deeds, he encouraged more than 45,000 Chetniks to join him in fighting against the tyranny of totalitarianism; and

Whereas, June 26, 1994, marks the 50th anniversary of the death of this great man;

Therefore, I, Jim Egar, Governor of the State of Illinois, proclaim June 26, 1994, as ALEKSA J. DUJOVIC DAY in Illinois.

Issued by the Governor June 21, 1994.

Filed with the Secretary of State July 18, 1994.

94-362
ACT-SO DAY

Whereas, the education of all young Americans is critical to the viability of this great state and all citizens of our great nation; and

Whereas, since 1978, the National Association for the Advancement of Colored People has inspired thousands of future leaders, scholars, and professionals through its sponsorship of the Afro-Academic, Cultural, Technological, and Scientific Olympics, better known as ACT-SO; and

Whereas, ACT-SO is designed to discover, nurture, and celebrate academic and cultural excellence on par with the respect awarded athletic prowess; and

Whereas, ACT-SO, which was created by and is led by a distinguished citizen of Illinois, has gathered here today high school achievers from 1,000 cities and towns of our great country;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim July 11, 1994, as ACT-SO DAY throughout the State of Illinois.

Issued by the Governor July 8, 1994.

Filed with the Secretary of State July 18, 1994.

94-363
CONSTITUTION WEEK

Whereas, our founding fathers, in order to secure the blessings of liberty for themselves and their posterity, did ordain and establish a Constitution for the United States of America; and

Whereas, it is of the greatest importance that all citizens fully understand the provisions and principles contained in the Constitution in order to support it, preserve it, and defend it against encroachment; and

Whereas, the 207th anniversary of the signing of the Constitution provides a historic opportunity for all Americans to realize the achievements of the Framers of the Constitution and the rights, privileges, and responsibilities it affords; and

Whereas, the independence guaranteed to American citizens, whether by birth or naturialization, should be celebrated by appropriate ceremonies and

activities during Constitution Week as designated by proclamation of the President of the United States of America in accordance with Public Law 915;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 17-23, 1994, as CONSTITUTION WEEK in Illinois and urge all citizens to acknowledge the importance of our Constitution and the benefits of American citizenship.

Issued by the Governor July 11, 1994.

Filed with the Secretary of State July 18, 1994.

94-364
PERUVIAN DAY

Whereas, on July 28, 1821, the Republic of Peru declared its independence from Spanish rule. Today, the date is symbolic of the triumphant struggles for liberty and human dignity in every American Republic; and

Whereas, more than 8,000 Peruvians reside in Illinois; and

Whereas, Illinois' Peruvian citizens have built strong bonds of friendship in our state and have made worthwhile contributions to our communities; and

Whereas, on July 23, the Peruvian Arts Society is sponsoring a dinner in Chicago to celebrate Peruvian Independence Day;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim July 23, 1994, as PERUVIAN DAY in Illinois in commemoration of the 173rd anniversary of the Republic of Peru's Declaration of Independence.

Issued by the Governor July 11, 1994.

Filed with the Secretary of State July 18, 1994.

94-365
SPINAL HEALTH CARE MONTH

Whereas, during October, doctors of chiropractic throughout the United States take part in a community health program to promote the importance of our citizens' spinal health; and

Whereas, spinal integrity helps all organs in the body function more efficiently, and spinal health is essential to proper growth and development; and

Whereas, Illinoisans should become more aware of their spinal health and receive periodic examinations; and

Whereas, the chiropractic science and the doctors who practice it have contributed greatly to the better health of our citizenry by providing this specialized health care;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1994 as SPINAL HEALTH CARE MONTH in Illinois.

Issued by the Governor July 12, 1994.

Filed with the Secretary of State July 18, 1994.

94-366
UNITED STATES COAST GUARD DAY

Whereas, the United States Coast Guard has always been dedicated to the preservation of life and property, in peacetime and in time of national emergency, on land, water and air; and

Whereas, the United States Coast Guard celebrates its 204th anniversary in the service of the nation on August 4, 1994; and

Whereas, the State of Illinois is extremely proud of its strong productive ties to the United States Coast Guard; and

Whereas, Admiral Robert E. Kramek, USCG, became the 20th Commandant of the United States Coast Guard June 1, 1994; and

Whereas, the Coast Guard Combat Veterans Association, an active and respected voice for a group of brave individuals who demonstrated tremendous professionalism and courage in times of war and conflict, is seeking to appropriately commemorate the founding of the United States Coast Guard; and

Whereas, the State of Illinois is pleased to join with the Coast Guard Combat Veterans Association in celebrating the 204th birthday of the United States Coast Guard and in wishing Admiral Robert E. Kramek "Following Winds and Fair Seas";

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 4, 1994, as UNITED STATES COAST GUARD DAY in Illinois.

Issued by the Governor July 12, 1994.

Filed with the Secretary of State July 18, 1994.

ACTION CODES

A - Adopted Rule	**P - Proposed Rule**
AR - Adopted Repealer	**PF - Prohibited Filing Order by JCAR***
C - Notice of Corrections	**PP - Peremptory or Court Ordered Rules**
CC - Codification Changes	**PR - Proposed Repealer**
E - Emergency Rule	**R - Refusal to meet JCAR* Objection**
ER - Emergency Repealer	**RC - Statement of Recommendation**
M - Modification to meet JCAR* Objections	**S - Suspension ordered by JCAR***
O - JCAR* Statement Of Objections	**W - Withdrawal to meet JCAR* Objections**
RQ - Request for Correction	
EC - Expedited Corrections	

***Joint Committee on Administrative Rules**

ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (217) 782-7017.

PROFESSIONAL REGULATION, DEPARTMENT OF

PUBLIC AID, DEPARTMENT OF

NOTICE OF PUBLIC HEARINGS

PUBLIC INFORMATION

REGULATORY AGENDA

REGULATORY FLEXIBILITY ANALYSIS

JOINT COMMITTEE ON ADMINISTRATIVE RULES

EXECUTIVE ORDERS AND PROCLAMATIONS

EXECUTIVE ORDERS

PROCLAMATIONS

This Sections Affected Index lists, by title, each Section of a Part on which Rule Making has occured in this volume (calendar year) of the Illinois Register. The columns indicate the type of rulemaking activity and the action taken along with the page number on which the first page of the notice of rulemaking activity appeared. If a Section on which action is being taken in the current volume of the Register is proposed in a previous volume, the last two digits of the previous volume's year appear immediately after the page number seperated by a slash. (e.g. 11 Ill. Adm. Code 465.115 was proposed last year and adopted this year. The action entry reads: (P-15655/93; A-6520). The codes are listed below.

TYPE OF RULE MAKING

am = amend to existing Section
cc = codification changes
n = New section
r = repeal of existing Section
re = recodified
# = renumbered

ACTION CODE

A = Adopted Rule
E = Emergency
P = Proposed Rule
PP = Peremptory
M = Modification
W = Withdrawl
CC = Codification Changes
RQ = Request for Correction
PF = Prohibited Filing
S = Suspension
O = JCAR Objection
F = Failure to Remedy Objections Objection
RC = Recommendations
EC = Expedited Correction
C = Correction

1994

TITLE 1

100.100	am	(P-7087)
100.110	am	(P-7087)
100.140	am	(P-7087)
100.150	am	(P-7087)
100.160	am	(P-7087)
100.180	am	(P-7087)
100.200	am	(P-7087)
100.220	am	(P-7087)
100.225	am	(P-7087)
100.240	am	(P-7087)
100.250	am	(P-7087)
100.260	am	(P-7087)
100.270	am	(P-7087)
100.280	am	(P-7087)
100.300	am	(P-7087)
100.315	am	(P-7087)
100.330	am	(P-7087)
100.335	am	(P-7087)
100.380	am	(P-7087)
100.390	am	(P-7087)
100.400	am	(P-7087)
100.410	am	(P-7087)
100.430	am	(P-7087)
100.450	am	(P-7087)
100.500	am	(P-7087)
100.510	am	(P-7087)
100.530	am	(P-7087)
100.540	am	(P-7087)
100.545	am	(P-7087)
100.550	am	(P-7087)
100.600	am	(P-7087)
100.610	am	(P-7087)
100.640	am	(P-7087)
100.655	am	(P-7087)
100.660	am	(P-7087)
100.670	am	(P-7087)
100.680	am	(P-7087)
100.710	am	(P-7087)
100.735	am	(P-7087)
100.740	am	(P-7087)
100.810	am	(P-7087)
100.815	am	(P-7087)
100.820	am	(P-7087)
100.900	am	(P-7087)
100.1000	am	(P-7087)
100.1010	am	(P-7087)
100.1020	am	(P-7087)
100.1025	am	(P-7087)
100.1030	am	(P-7087)
100.1100	am	(P-7087)
100.1110	am	(P-7087)
100.1115	am	(P-7087)
100.1120	am	(P-7087)
100.1130	am	(P-7087)
100.1140	am	(P-7087)
100.1150	am	(P-7087)
100.1200	am	(P-7087)
100.1210	am	(P-7087)
100.App.E.II.A	am	(P-7087)
100.App.E.II.C	am	(P-7087)
100.App.E.II.D	am	(P-7087)
210.	re	(CC-7497)
210.100	am	(P-13268/93;A-4739)
210.200	am	(P-13268/93;A-4739)
210.300	am	(P-13268/93;A-4739)
210.400	am	(P-13268/93;A-4739)
210.500	am	(P-13268/93;A-4739)
220.	re	(CC-7500)
220.100	am	(P-13307/93;A-4758)
220.150	am	(P-13307/93;A-4758)
220.200	am	(P-13307/93;A-4758)
220.250	am	(P-13307/93;A-4758)
220.275	am	(P-13307/93;A-4758)
220.285	am	(P-13307/93;A-4758)
220.300	am	(P-13307/93;A-4758)
220.450	am	(P-13307/93;A-4758)
220.500	am	(P-13307/93;A-4758)
220.600	am	(P-13307/93;A-4758)
220.700	am	(P-13307/93;A-4758)
220.760	am	(P-13307/93;A-4758)
220.780	am	(P-13307/93;A-4758)
220.800	am	(P-13307/93;A-4758)
220.900	am	(P-13307/93;A-4758)
220.950	am	(P-13307/93;A-4758)
220.1000	am	(P-13307/93;A-4758)
220.1100	am	(P-13307/93;A-4758)
220.1150	am	(P-13307/93;A-4758)
220.1200	am	(P-13307/93;A-4758)
220.1250	am	(P-13307/93;A-4758)
220.1300	am	(P-13307/93;A-4758)
220.Ex.A	am	(P-13307/93;A-4758)
220.Ex.B	am	(P-13307/93;A-4758)
220.Ex.C	am	(P-13307/93;A-4758)
220.Ex.D	am	(P-13307/93;A-4758)
220.Ex.E	am	(P-13307/93;A-4758)
220.Ex.F	am	(P-13307/93;A-4758)
220.Ex.G	am	(P-13307/93;A-4758)
220.Ex.I	am	(P-13307/93;A-4758)
220.Ex.J	am	(P-13307/93;A-4758)
220.Ex.K	am	(P-13307/93;A-4758)
255.10	n	(E-5359)(P-8792)
255.20	n	(E-5359)(P-8792)
230.	re	(CC-7498)
230.100	am	(P-13223/93;A-1233)
230.200	am	(P-13223/93;A-1233)
230.300	am	(P-13223/93;A-1233)
230.350	am	(P-13223/93;A-1233)
230.375	am	(P-13223/93;A-1233)

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230.550 am (P-13223/93;A-1233)
230.600 am (P-13223/93;A-1233)
230.700 am (P-13223/93;A-1233)
230.800 am (P-13223/93;A-1233)
230.900 am (P-13223/93;A-1233)
230.1000 am (P-13223/93;A-1233)
230.Ex.A am (P-13223/93;A-1233)
230.Ex.B r (P-13223/93;A-1233)
230.Ex.C am (P-13223/93;A-1233)
230.Ex.D am (P-13223/93;A-1233)
230.Ex.E am (P-13223/93;A-1233)
230.Ex.F am (P-13223/93;A-1233)
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240.200 am (P-12294/93;A-4745)
240.300 am (P-13294/93;A-4745)
240.400 am (P-12294/93;A-4745)
240.500 am (P-13294/93;A-4745)
240.600 am (P-12294/93;A-4745)
240.700 am (P-13294/93;A-4745)
240.800 am (P-12294/93;A-4745)
240.900 am (P-12294/93;A-4745)
240.1000 am (P-13294/93;A-4745)
240.1100 am (P-12294/93;A-4745)
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245.100 am (P-13248/93;A-4720)
245.110 am (P-13248/93;A-4720)
245.130 am (P-13248/93;A-4720)
245.140 am (P-13248/93;A-4720)
245.Ex.A am (P-13248/93;A-4720)
245.Ex.B am (P-13248/93;A-4720)
250.200 am (P-13257/93;A-4728)
250.300 am (P-13257/93;A-4728)
250.400 am (P-13257/93;A-4728)
250.500 am (P-13257/93;A-4728)
250.600 am (P-13257/93;A-4728)
250.700 am (P-13257/93;A-4728)
250.800 am (P-13257/93;A-4728)
250.900 am (P-13257/93;A-4728)
250.1000 am (P-13257/93;A-4728)
250.1200 am (P-13257/93;A-4728)
250.1300 am (P-13257/93;A-4728)
250.1400 am (P-13257/93;A-4728)
250.1500 am (P-13257/93;A-4728)
250.1600 am (P-13257/93;A-4728)
250.1700 am (P-13257/93;A-4728)
250.1800 am (P-13257/93;A-4728)
250.1900 am (P-13257/93;A-4728)
250.2000 am (P-13257/93;A-4728)
250.2100 am (P-13257/93;A-4728)
250.2200 am (P-13257/93;A-4728)
255.10 n (E-5359)
255.20 n (E-5359)
260. re (CC-7595)
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260.200 am (P-13233/93;A-4705)
260.300 am (P-13233/93;A-4705)
260.350 am (P-13233/93;A-4705)
260.400 am (P-13233/93;A-4705)
260.600 am (P-13233/93;A-4705)
260.650 am (P-13233/93;A-4705)
260.700 am (P-13233/93;A-4705)
260.900 am (P-13233/93;A-4705)
260.1000 am (P-13233/93;A-4705)
260.1100 am (P-13233/93;A-4705)
260.1200 am (P-13233/93;A-4705)
260.Ex.A am (P-13233/93;A-4705)
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n (A-6404)
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600.220 r (A-6440)
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600.610 r (A-6440)
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600.614 n (A-6404)
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600.620 r (A-6440)
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n (A-6404)
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600.660 r (A-6440)
600.662 n (A-6404)
600.666 n (A-6404)
600.670 r (A-6440)
n (A-6404)
600.674 n (A-6404)
600.678 n (A-6404)
600.680 r (A-6440)
600.690 r (A-6440)
n (A-6404)
600.694 n (A-6404)
600.698 n (A-6404)
600.Ap.A r (A-6440)
n (A-6404)
600.Ap.B r (A-6440)
n (A-6404)
601.100 am (A-7739)
601.400 am (A-7739)
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826.210 am (A-8616)
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925.240 r (P-525)
925.250 r (P-525)
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926.236 #,am (P-512)
926.240 # (P-512)
926.250 am (P-512)
926.260 am (P-512)
926.270 am (P-512)
926.280 # (P-512)
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2050.20 am (A-6015)
2050.30 am (A-6015)
2050.110 am (A-6015)
2950.10 n (A-5889)
am (A-8684)
2950.20 n (A-5889)
am (A-8684)
2950.30 n (A-5889)
am (A-8684)
2950.40 n (A-5889)
am (A-8684)
2950.50 n (A-5889)
#,n (A-8684)
2960.60 n (A-8684)
2960.70 n (A-8684)
2960.80 n (A-8684)
2960.90 am (A-8684)
2960.100 am (A-8684)
2950.110 n (A-5889)
am (A-8684)
2950.120 n (A-5889)
am (A-8684)
2950.200 n (A-5889)
am (A-8684)
2950.210 n (A-5889)
am (A-8684)
2950.220 n (A-5889)
am (A-8684)
2950.230 n (A-5889)
am (A-8684)
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257.70 n (P-14288/93;A-205)
257.80 n (P-14288/93;A-205)
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100.310 am (P-20094/93;A-4811)
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100.330 am (P-20094/93;A-4811)
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509.220 r (P-2832;A-7428)

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509.300	n	(P-5795)(E-6019) (O-8504)(M-9654)
510.10	am	(P-15790/93;A-2064)
510.20	am	(P-15790/93;A-2064)
510.30	am	(P-15790/93;A-2064)
510.40	am	(P-15790/93;A-2064)
510.60	am	(P-15790/93;A-2064)
510.120	am	(P-15790/93;A-2064)
510.130	am	(P-15790/93;A-2064)
510.150	am	(P-15790/93;A-2064)
510.160	am	(P-15790/93;A-2064)
510.170	am	(P-15790/93;A-2064)
510.180	am	(P-15790/93;A-2064)
510.200	am	(P-5500;A-11607)
510.230	r	(P-15790/93;A-2064)
510.240	am	(P-15790/93;A-2064)
1304.10	r	(P-19033/93;A-2088)
1313.60	am	(P-6680)
1401.10	r	(P-19050/93;A-2090)
1401.20	r	(P-19050/93;A-2090)
1401.25	r	(P-19050/93;A-2090)
1401.30	r	(P-19050/93;A-2090)
1401.40	r	(P-19050/93;A-2090)
1401.50	r	(P-19050/93;A-2090)
1401.60	r	(P-19050/93;A-2090)
1401.64	r	(P-19050/93;A-2090)
1401.67	r	(P-19050/93;A-2090)
1401.70	r	(P-19050/93;A-2090)
1401.80	r	(P-19050/93;A-2090)
1401.90	r	(P-19050/93;A-2090)
1401.100	r	(P-19050/93;A-2090)
1401.110	r	(P-19050/93;A-2090)
1401.120	r	(P-19050/93;A-2090)
1401.130	r	(P-19050/93;A-2090)
1401.140	r	(P-19050/93;A-2090)
1401.150	r	(P-19050/93;A-2090)
1401.160	r	(P-19050/93;A-2090)
1401.170	r	(P-19050/93;A-2090)
1401.180	r	(P-19050/93;A-2090)
1405.100	r	(P-5503;A-11610)
1411.240	am	(P-19892/93;A-2092)
1413.150	am	(P-5505;A-11612)
1415.280	n	(P-5512;A-11620)
1440.10	n	(P-15799/93;A-2098)
1440.20	n	(P-15799/93;A-2098)
1440.30	n	(P-15799/93;A-2098)
1440.40	n	(P-15799/93;A-2098)
1440.50	n	(P-15799/93;A-2098)
1440.60	n	(P-15799/93;A-2098)
1440.70	n	(P-15799/93;A-2098)
1440.80	n	(P-15799/93;A-2098)
1700.10	am	(P-5394;A-11168)
1700.20	am	(P-5394;A-11168)
1700.30	am	(P-5394;A-11168)
1700.40	am	(P-5394;A-11168)
1700.50	am	(P-5394;A-11168)
1700.80	am	(P-5394;A-11168)
1700.110	am	(P-5394;A-11168)
1700.120	am	(P-5394;A-11168)
1700.140	am	(P-5394;A-11168)
1700.150	am	(P-5394;A-11168)
1700.160	am	(P-5394;A-11168)
1700.170	am	(P-5394;A-11168)
1700.180	am	(P-5394;A-11168)
1700.190	am	(P-5394;A-11168)
1700.200	n	(P-5394;A-11168)
1700.210	n	(P-5394;A-11168)
1770.170	am	(P-6519)
1770.190	am	(P-6519)
1770.10	am	(P-7186)
1770.30	am	(P-7186)
1770.50	am	(P-7186)
1770.120	am	(P-7186)
1770.140	am	(P-7186)
1770.150	am	(P-7186)
1770.160	am	(P-7186)
1770.180	am	(P-7186)
1770.190	am	(P-7186)
1770.200	am	(P-7186)
1770.210	am	(P-7186)

TITLE 14

150.470	am	(P-1793;A-7783)
180.10	am	(P-18793/93;A-2101)
180.12	am	(P-18793/93;A-2101)
200.101	am	(PP-2522)
510.20	am	(P-14318/93;A-5813)
510.50	am	(P-14318/93;A-5813)
510.60	am	(P-14318/93;A-5813)
510.70	am	(P-14318/93;A-5813)
510.80	am	(P-14318/93;A-5813)
510.85	am	(P-14318/93;A-5813)
510.210	n	(P-21905/93;A-8387)
510.220	n	(P-21905/93;A-8387)
510.230	n	(P-21905/93;A-8387)
510.240	n	(P-21905/93;A-8387)
510.250	n	(P-21905/93;A-8387)
510.260	n	(P-21905/93;A-8387)
510.270	n	(P-21905/93;A-8387)
510.275	n	(P-21905/93;A-8387)
510.280	n	(P-21905/93;A-8387)
510.285	n	(P-21905/93;A-8387)
510.290	n	(P-21905/93;A-8387)
540.520	n	(P-9791/93;A-5172)
545.10	am	(P-839;A-8415)
545.30	am	(P-839;A-8415)
545.40	am	(P-839;A-8415)
545.50	am	(P-839;A-8415)
545.60	am	(P-839;A-8415)
545.70	am	(P-839;A-8415)
545.420	am	(P-11411)
545.430	am	(P-11411)
545.440	am	(P-11411)
545.450	am	(P-11411)
545.460	am	(P-11411)
545.470	am	(P-11411)
545.480	r	(P-11411)
545.490	r	(P-11411)
545.495	am	(P-11411)
570.10	am	(P-22123/93;A-6119)
570.20	am	(P-22123/93;A-6119)
570.25	am	(P-22123/93;A-6119)
570.30	am	(P-22123/93;A-6119)
570.40	am	(P-22123/93;A-6119)
570.50	am	(P-22123/93;A-6119)
570.60	am	(P-22123/93;A-6119)
570.70	am	(P-22123/93;A-6119)
610.10	am	(P-19352/93;A-8398)
610.30	am	(P-19352/93;A-8398)
610.50	am	(P-19352/93;A-8398)
610.60	am	(P-19352/93;A-8398)
610.100	n	(P-19352/93;A-8398)
610.200	n	(P-19352/93;A-8398)
610.300	n	(P-19352/93;A-8398)
610.400	n	(P-19352/93;A-8398)
610.500	n	(P-19352/93;A-8398)
610.600	n	(P-19352/93;A-8398)
610.700	n	(P-19352/93;A-8398)
610.800	n	(P-19352/93;A-8398)
610.900	n	(P-19352/93;A-8398)
620.90	am	(P-9667)

TITLE 17

130.50	am	(P-18721/93;A-1126)
130.70	am	(P-18721/93;A-1126)
130.100	am	(P-18721/93;A-1126)
530.20	am	(P-4495)
530.60	r	(P-4495)
530.70	am	(P-4495)
530.80	am	(P-4495)
530.100	am	(P-4495)
530.105	am	(P-4495)
530.110	am	(P-4495)
530.115	am	(P-4495)
530.120	r	(P-4495)
550.20	am	(P-3868;A-10090)
550.30	am	(P-3868;A-10090)
570.20	am	(P-3853;A-10077)
570.30	am	(P-3853;A-10077)
570.40	am	(P-3853;A-10077)
590.10	am	(P-5065;A-10023)
590.20	am	(P-5065;A-10023)
590.25	am	(P-5065;A-10023)
590.26	am	(P-5065;A-10023)
590.30	am	(P-5065;A-10023)
590.40	am	(P-5065;A-10023)
590.50	am	(P-5065;A-10023)
590.60	am	(P-5065;A-10023)
650.20	am	(P-21927/93;A-5859)
650.21	am	(P-21927/93;A-5859)
650.23	am	(P-21927/93;A-5859)
650.30	am	(P-21927/93;A-5859) (P-7180)
650.40	am	(P-21927/93;A-5859)
650.50	am	(P-21927/93;A-5859)
650.60	am	(P-21927/93;A-5859)
650.65	am	(P-21927/93;A-5859)
660.20	am	(P-21952/93;A-5878)
660.30	am	(P-21952/93;A-5878) (P-7183)
660.40	am	(P-21952/93;A-5878)
660.50	am	(P-21952/93;A-5878)
660.60	am	(P-21952/93;A-5878)
670.10	am	(P-21907/93;A-5842)
670.20	am	(P-21907/93;A-5842)
670.21	n	(P-21907/93;A-5842)
670.40	am	(P-21907/93;A-5842)
670.50	am	(P-21907/93;A-5842)
670.60	am	(P-21907/93;A-5842)
680.10	am	(P-
680.20	am	(P-
690.10	am	(P-3193;A-8624)
690.20	am	(P-3193;A-8624)
690.30	am	(P-3193;A-8624)
710.5	n	(P-18927/93;A-1156)
710.10	am	(P-18927/93;A-1156) (E-3751)
710.20	am	(P-18927/93;A-1156)
710.21	am	(P-18927/93;A-1156)
710.22	am	(P-18927/93;A-1156)
710.25	#,am	(P-18927/93;A-1156)
710.30	am	(P-18927/93;A-1156)
710.50	am	(P-18927/93;A-1156)

(Title 17, cont.)

710.60	am	(P-18927/93;A-1156)
715.10	am	(P-3895;A-10013)
715.20	am	(P-3895;A-10013)
715.25	n	(P-3895;A-10013)
715.40	am	(P-3895;A-10013)
720.10	am	(P-3884;A-10104)
720.20	am	(P-3884;A-10104)
720.25	n	(P-3884;A-10104)
720.40	am	(P-3884;A-10104)
730.20	am	(P-3830;A-10009)
730.30	am	(P-3830;A-10009)
740.10	am	(P-3986;A-9998)
740.20	am	(P-3986;A-9998)
810.10	am	(P-19785/93;A-3277)
810.35	am	(P-19785/93;A-3277)
810.37	am	(P-19785/93;A-3277)
810.45	am	(P-19785/93;A-3277) (E-5667)(P-6202)
810.70	am	(P-19785/93;A-3277)
830.20	am	(E-4761)(P-5372; A-9985)
830.40	am	(E-4761)(P-5372; A-9985)
830.60	am	(E-4761)(P-5372; A-9985)
850.20	am	(P-22123/93;A-5834)
850.30	am	(P-22123/93;A-5834)
910.15	n	(P-3846)
910.20	am	(P-3846)
910.25	n	(P-3846)
910.60	am	(P-3846)
910.80	am	(P-3846)
1010.25	am	(P-16273/93;A-1134)
1010.30	am	(P-16273/93;A-1134)
1050.25	am	(P-16285/93;A-1142)
1050.30	am	(P-16285/93;A-1142)
1050.40	am	(P-16285/93;A-1142)
1070.80	am	(P-1;A-5838)
2520.10	am	(P-3821;A-9991)
2520.20	am	(P-3821;A-9991)
2520.30	am	(P-3821;A-9991)
2520.40	am	(P-3821;A-9991)
2520.50	am	(P-3821;A-9991)
3010.30	am	(P-5379;A-10006)
3010.40	am	(P-5379;A-10006)
3010.70	am	(P-5379;A-10006)
3010.80	am	(P-5379;A-10006)
4000.110	am	(P-12005/93;A-2290)
4000.120	am	(P-12005/93;A-2290)
4000.130	r,n	(P-12005/93;A-2290)
4000.140	r	(P-12005/93;A-2290)
4000.150	r,n	(P-12005/93;A-2290)
4000.160	r,n	(P-12005/93;A-2290)
4000.165	n	(P-12005/93;A-2290)
4000.170	am	(P-12005/93;A-2290)
4000.210	am	(P-12005/93;A-2290)
4000.220	am	(P-12005/93;A-2290)
4000.230	r	(P-12005/93;A-2290)
4000.240	am	(P-12005/93;A-2290)
4000.250	am	(P-12005/93;A-2290)
4000.260	am	(P-12005/93;A-2290)
4000.270	am	(P-12005/93;A-2290)
4000.280	n	(P-12005/93;A-2290)
4000.310	r	(P-12005/93;A-2290)
4000.320	r	(P-12005/93;A-2290)
4000.410	r	(P-12005/93;A-2290)
4000.415	n	(P-12005/93;A-2290)
4000.420	r	(P-12005/93;A-2290)
4000.425	n	(P-12005/93;A-2290)
4000.430	r	(P-12005/93;A-2290)
4000.435	n	(P-12005/93;A-2290)
4000.440	am	(P-12005/93;A-2290)
4000.450	r	(P-12005/93;A-2290)
4000.460	am	(P-12005/93;A-2290)
4000.465	n	(P-12005/93;A-2290)
4000.470	r	(P-12005/93;A-2290)
4000.475	n	(P-12005/93;A-2290)
4000.510	r	(P-12005/93;A-2290)
4000.520	r	(P-12005/93;A-2290)
4000.530	r	(P-12005/93;A-2290)
4000.540	am	(P-12005/93;A-2290)
4000.550	am	(P-12005/93;A-2290)
4000.560	am	(P-12005/93;A-2290)
4000.570	am	(P-12005/93;A-2290)
4000.580	am	(P-12005/93;A-2290)
4000.610	r	(P-12005/93;A-2290)
4000.620	am	(P-12005/93;A-2290)
4010.110	n	(P-578;A-7253)
4010.120	n	(P-578;A-7253)
4010.130	n	(P-578;A-7253)
4010.140	n	(P-578;A-7253)
4010.150	n	(P-578;A-7253)
4010.160	n	(P-578;A-7253)
4010.170	n	(P-578;A-7253)
4010.210	n	(P-578;A-7253)
4010.220	n	(P-578;A-7253)
4010.230	n	(P-578;A-7253)
4010.240	n	(P-578;A-7253)
4010.250	n	(P-578;A-7253)
4010.260	n	(P-578;A-7253)
4010.270	n	(P-578;A-7253)
4010.280	n	(P-578;A-7253)
4010.310	n	(P-578;A-7253)
4010.320	n	(P-578;A-7253)

TITLE 20

107.15	n	(P-19377/93;A-2939)
107.17	n	(P-19377/93;A-2939)
107.20	am	(P-19377/93;A-2939)
107.105	n	(P-19377/93;A-2939)
107.107	n	(P-19377/93;A-2939)
107.120	am	(P-19377/93;A-2939)
107.145	am	(P-19377/93;A-2939)
107.205	n	(P-19377/93;A-2939)
107.207	n	(P-19377/93;A-2939)
107.210	am	(P-19377/93;A-2939)
107.305	n	(P-19377/93;A-2939)
107.307	n	(P-19377/93;A-2939)
107.320	am	(P-19377/93;A-2939)
107.330	am	(P-19377/93;A-2939)
107.405	n	(P-19377/93;A-2939)
107.410	am	(P-19377/93;A-2939)
107.500	n	(P-19377/93;A-2939)
107.505	n	(P-19377/93;A-2939)
107.510	n	(P-19377/93;A-2939)
107.520	n	(P-19377/93;A-2939)
107.530	n	(P-19377/93;A-2939)
107.540	n	(P-19377/93;A-2939)
107.550	n	(P-19377/93;A-2939)
107.560	n	(P-19377/93;A-2939)
405.17	am	(P-19405/93;A-2970)
405.20	am	(P-19405/93;A-2970)
405.55	am,r	(P-19405/93;A-2970)
420.30	am	(P-19367/93;A-2929)
460.12	am	(P-19371/93;A-2933)
460.20	am	(P-19371/93;A-2933)
460.30	am	(P-19371/93;A-2933)
460.80	am	(P-19371/93;A-2933)
501.40	am	(P-8369/93;A-6328)
501.60	am	(P-8369/93;A-6328)
1570.10	n	(P-21136/93;A-4679)
1570.20	n	(P-21136/93;A-4679)
1570.30	n	(P-21136/93;A-4679)
1570.40	n	(P-21136/93;A-4679)
1570.50	n	(P-21136/93;A-4679)
1570.60	n	(P-21136/93;A-4679)
1800.10	n	(P-20539/93;A-4852)
1800.20	n	(P-20539/93;A-4852)
1800.30	n	(P-20539/93;A-4852)
1800.40	n	(P-20539/93;A-4852)
1810.100	n	(P-20516/93;A-4834)
1810.110	n	(P-20516/93;A-4834)
1810.200	n	(P-20516/93;A-4834)
1810.210	n	(P-20516/93;A-4834)
1810.220	n	(P-20516/93;A-4834)
1810.230	n	(P-20516/93;A-4834)
1810.240	n	(P-20516/93;A-4834)
1810.250	n	(P-20516/93;A-4834)
1810.300	n	(P-20516/93;A-4834)
1810.400	n	(P-20516/93;A-4834)
1810.410	n	(P-20516/93;A-4834)
1810.420	n	(P-20516/93;A-4834)
1810.430	n	(P-20516/93;A-4834)
1810.440	n	(P-20516/93;A-4834)
1810.500	n	(P-20516/93;A-4834)
1810.510	n	(P-20516/93;A-4834)
1810.520	n	(P-20516/93;A-4834)
1810.530	n	(P-20516/93;A-4834)
1810.540	n	(P-20516/93;A-4834)
1810.550	n	(P-20516/93;A-4834)
1810.600	n	(P-20516/93;A-4834)
1810.610	n	(P-20516/93;A-4834)
1810.620	n	(P-20516/93;A-4834)
1810.700	n	(P-20516/93;A-4834)
1810.710	n	(P-20516/93;A-4834)
1810.720	n	(P-20516/93;A-4834)
1810.730	n	(P-20516/93;A-4834)
1810.800	n	(P-20516/93;A-4834)
1810.900	n	(P-20516/93;A-4834)
1810.910	n	(P-20516/93;A-4834)
1810.1000	n	(P-20516/93;A-4834)
1810.1010	n	(P-20516/93;A-4834)
1810.1020	n	(P-20516/93;A-4834)
1810.1100	n	(P-20516/93;A-4834)
1810.1110	n	(P-20516/93;A-4834)

TITLE 23

1.10	am	(P-10079/93;A-1171)
1.20	am	(P-10079/93;A-1171)
1.30	am	(P-10079/93;A-1171)
1.40	am	(P-10079/93;A-1171)
1.50	am	(P-10079/93;A-1171)
1.60	am	(P-10079/93;A-1171)
1.70	am	(P-10079/93;A-1171)
1.80	am	(P-10079/93;A-1171)
1.90	n	(P-10079/93;A-1171)
1.100	n	(P-10079/93;A-1171)
1.App.D	n	(P-10079/93;A-1171)
1.App.E	n	(P-10079/93;A-1171)
1.App.F	n	(P-10079/93;A-1171)
1.App.G	n	(P-10079/93;A-1171)
110.15	am	(P-9776)
110.20	am	(P-18283/93;A-5178)

(Title 23, cont.)

110.25	am	(P-18283/93;A-5178)
110.40	am	(P-18283/93;A-5178)
110.50	am	(P-18283/93;A-5178)
110.90	am	(P-18283/93;A-5178)
110.100	am	(P-18283/93;A-5178)
110.110	am	(P-18283/93;A-5178)
110.115	am	(P-18283/93;A-5178)
110.120	n	(P-18283/93;A-5178)
110.125	n	(P-18283/93;A-5178)
110.135	n	(P-18283/93;A-5178)
110.Tb.A	am	(P-18283/93;A-5178)
110.Tb.B	am	(P-18283/93;A-5178)
110.Tb.C	am	(P-18283/93;A-5178)
110.Tb.D	am	(P-18283/93;A-5178)
170.10	n	(P-18419/93;A-4699)
170.20	n	(P-18419/93;A-4699)
170.30	n	(P-18419/93;A-4699)
		(RQ-8955;EC-11386)
170.40	n	(P-18419/93;A-4699)
170.50	n	(P-18419/93;A-4699)
180.10	n	(P-9671)
180.20	n	(P-9671)
180.30	n	(P-9671)
180.40	n	(P-9671)
180.50	n	(P-9671)
180.60	n	(P-9671)
180.70	n	(P-9671)
180.80	n	(P-9671)
180.90	n	(P-9671)
180.100	n	(P-9671)
180.110	n	(P-9671)
180.120	n	(P-9671)
180.200	n	(P-9671)
180.210	n	(P-9671)
180.220	n	(P-9671)
180.230	n	(P-9671)
180.240	n	(P-9671)
180.300	n	(P-9671)
180.310	n	(P-9671)
180.320	n	(P-9671)
180.330	n	(P-9671)
180.340	n	(P-9671)
180.400	n	(P-9671)
180.410	n	(P-9671)
180.420	n	(P-9671)
180.500	n	(P-9671)
180.510	n	(P-9671)
180.520	n	(P-9671)
180.530	n	(P-9671)
180.600	n	(P-9671)
180.610	n	(P-9671)
180.620	n	(P-9671)
180.625	n	(P-9671)
180.630	n	(P-9671)
180.635	n	(P-9671)
180.640	n	(P-9671)
180.645	n	(P-9671)
180.650	n	(P-9671)
180.655	n	(P-9671)
180.660	n	(P-9671)
210.10	r	(P-10061/93;A-1169)
210.100	r	(P-10061/93;A-1169)
210.110	r	(P-10061/93;A-1169)
210.120	r	(P-10061/93;A-1169)
210.130	r	(P-10061/93;A-1169)
210.140	r	(P-10061/93;A-1169)
210.150	r	(P-10061/93;A-1169)
210.200	r	(P-10061/93;A-1169)
210.210	r	(P-10061/93;A-1169)
210.220	r	(P-10061/93;A-1169)
226.5	am	(P-6482)
226.430	am	(P-9810)
226.525	am	(P-13231/93;A-1930)
226.535	am	(P-6482)
226.552	am	(P-6482)
226.560	am	(P-6482)
226.562	am	(P-6482)
226.564	am	(P-18405/93;A-4685)
226.575	am	(P-6482)
226.640	am	(P-18405/93;A-4685)
226.680	am	(P-18405/93;A-4685)
226.682	am	(P-6482)
226.688	am	(P-18405/93;A-4685)
226.690	am	(P-18405/93;A-4685)
245.10	n	(P-10131/93;A-237)
245.20	n	(P-10131/93;A-237)
245.30	n	(P-10131/93;A-237)
245.40	n	(P-10131/93;A-237)
245.50	n	(P-10131/93;A-237)
245.60	n	(P-10131/93;A-237)
245.70	n	(P-10131/93;A-237)
252.20	am	(P-8557)
252.25	n	(P-8557)
252.30	am	(P-8557)
401.10	n	(P-9756)
	r	(P-9733)
401.20	n	(P-9756)
	r	(P-9733)
401.30	n	(P-9756)
	r	(P-9733)
410.40	r	(P-9733)
410.50	r	(P-9733)
410.60	r	(P-9733)
410.70	r	(P-9733)
410.80	r	(P-9733)
410.90	r	(P-9733)
410.100	r	(P-9733)
401.110	n	(P-9756)
	r	(P-9733)
401.120	n	(P-9756)
	r	(P-9733)
401.130	n	(P-9756)
	r	(P-9733)
401.140	n	(P-9756)
	r	(P-9733)
401.150	n	(P-9756)
401.210	n	(P-9756)
401 220	n	(P-9756)
401.230	n	(P-9756)
401.240	n	(P-9756)
401.250	n	(P-9756)
401.260	n	(P-9756)
401.270	n	(P-9756)
401.280	n	(P-9756)
525.10	n	(P-9781)
525.20	n	(P-9781)
525.30	n	(P-9781)
525.40	n	(P-9781)
525.50	n	(P-9781)
525.60	n	(P-9781)
525.100	n	(P-9781)
525.110	n	(P-9781)
525.120	n	(P-9781)
525.130	n	(P-9781)
525.140	n	(P-9781)
525.150	n	(P-9781)
525.160	n	(P-9781)
550.50	r	(P-17611/93;A-5551)
550.100	r	(P-17611/93;A-5551)
550.200	r	(P-17611/93;A-5551)
550.300	r	(P-17611/93;A-5551)
550.400	r	(P-17611/93;A-5551)
550.500	r	(P-17611/93;A-5551)
550.600	r	(P-17611/93;A-5551)
550.700	r	(P-17611/93;A-5551)
610.10	r	(P-17603/93;A-5549)
610.20	r	(P-17603/93;A-5549)
610.30	r	(P-17603/93;A-5549)
610.40	r	(P-17603/93;A-5549)
610.50	r	(P-17603/93;A-5549)
610.60	r	(P-17603/93;A-5549)
1020.10	am	(P-17639/93;A-4174)
	am	(P-11684)
1020.20	am	(P-11684)
1020.30	am	(P-11684)
1020.40	am	(P-17639/93;A-4174)
	am	(P-11684)
1020.50	am	(P-17639/93;A-4174)
	am	(P-11684)
1020.60	am	(P-11684
1020.70	am	(P-11684)
1020.80	am	(P-11684)
1300.10	am	(P-5515)
1300.20	am	(P-5515)
1300.30	am	(P-5515)
1300.40	am	(P-5515)
1300.50	am	(P-5515)
1300.60	am	(P-5515)
1300.70	am	(P-5515)
1300.90	am	(P-5515)
1300.100	am	(P-5515)
1300.120	am	(P-5515)
1300.130	am	(P-5515)
1300.140	am	(P-5515)
1300.150	am	(P-5515)
1300.160	am	(P-5515)
1300.170	am	(P-5515)
1300.180	am	(P-5515)
1300.190	am	(P-5515)
1501.301	am	(P-569;A-8906)
1501.302	am	(P-569;A-8906)
1501.501	am	(P-569;A-8906)
		(EC-3027)
2700.20	am	(P-1037;A-10282)
2700.30	am	(P-1037;A-10282)
2700 40	am	(P-1037;A-10282)
2700.50	am	(P-1037;A-10282)
2700.60	am	(P-1037;A-10282)
2720.6	am	(P-1013;A-10254)
2720.10	am	(P-1013;A-10254)
2720.20	am	(P-1013;A-10254)
2720.30	am	(P-1013;A-10254)
2720.35	n	(P-1013;A-10254)
2720.40	am	(P-1013;A-10254)
2720.41	am	(P-1013;A-10254)
2720.42	am	(P-1013;A-10254)
2720.50	am	(P-1013;A-10254)
2720.55	am	(P-1013;A-10254)
2720.70	n	(P-1013;A-10254)
2720.80	am	(P-1013;A-10254)
2720.90	am	(P-1013;A-10254)
2730.5	am	(P-1058;A-10303)

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2732.10	am	(P-1098;A-10342)
2732.20	am	(P-1098;A-10342)
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2733.30	am	(P-1064;A-10309)
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2770.30	am	(P-1102;A-10354)
2771.30	am	(P-1006;A-10246)
2771.Ap.A	am	(P-1006;A-10246)
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2772.20	re	(A-10279)
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2772.120	re	(A-10279)
2772.140	re	(A-10279)
2772.200	re	(A-10279)
2772.210	re	(A-10279)
2772.220	re	(A-10279)
2772.230	re	(A-10279)
2772.240	re	(A-10279)
2772.300	re	(A-10279)
2772.310	re	(A-10279)
2772.320	re	(A-10279)
2772.330	re	(A-10279)
2772.340	re	(A-10279)
2772.350	re	(A-10279)
2772.400	re	(A-10279)
2772.410	re	(A-10279)
2772.420	re	(A-10279)
2772.430	re	(A-10279)
2772.440	re	(A-10279)
2772.450	re	(A-10279)
2772.500	re	(A-10279)
2772.510	re	(A-10279)
2772.520	re	(A-10279)
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2772.540	re	(A-10279)
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3030.25	am	(P-19072/93;A-7452)
3030.35	am	(P-19072/93;A-7452)
3030.45	r	(P-19072/93;A-7452)
3030.55	r	(P-19072/93;A-7452)
3030.65	am	(P-19072/93;A-7452)
3030.70	r	(P-19072/93;A-7452)
3030.75	am	(P-19072/93;A-7452)
3030.80	am	(P-19072/93;A-7452)
3030.85	am	(P-19072/93;A-7452)
3030.90	am	(P-19072/93;A-7452)
3030.100	am	(P-19072/93;A-7452)
3030.105	am	(P-19072/93;A-7452)
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3030.110	am	(P-19072/93;A-7452)
3030.121	n	(P-19072/93;A-7452)
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3030.123	n	(P-19072/93;A-7452)
3030.124	#,n	(P-19072/93;A-7452)
3030.125	n	(P-19072/93;A-7452)
3030.126	n	(P-19072/93;A-7452)
3030.127	n	(P-19072/93;A-7452)
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3030.135	#	(P-19072/93;A-7452)
3040.300	n	(P-18441/93;A-4990)
3040.310	n	(P-18441/93;A-4990)
3040.320	n	(P-18441/93;A-4990)
3040.330	n	(P-18441/93;A-4990)
3060.100	am	(P-18687/93;A-4996)
3060.200	am	(P-18687/93;A-4996)
3060.400	am	(P-18687/93;A-4996)
3060.500	am	(P-18687/93;A-4996)
3060.600	am	(P-18687/93;A-4996)
3060.800	am	(P-18687/93;A-4996)
3060.900	am	(P-18687/93;A-4996)
3060 1000	am	(P-18687/93;A-4996)
3060.2000	am	(P-18687/93;A-4996)
3070.100	am	(P-19460/93;A-4981)
3070.110	am	(P-19460/93;A-4981)
3070.120	am	(P-19460/93;A-4981)
3070.130	am	(P-19460/93;A-4981)
3070 140	am	(P-19460/93;A-4981)
3070.150	am	(P-19460/93;A-4981)
3070.160	am	(P-19460/93;A-4981)
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300.20	r	(P-13865/93;A-6384)
300.30	r	(P-13865/93;A-6384)
300 40	r	(P-13865/93;A-6384)
300.50	r	(P-13865/93;A-6384)
300.60	r	(P-13865/93;A-6384)
300.70	r	(P-13865/93;A-6384)
300.80	r	(P-13865/93;A-6384)
510 10	r	(P-13875/93;A-6382)
510.20	r	(P-13875/93;A-6382)
510.30	r	(P-13875/93;A-6382)
510.40	r	(P-13875/93;A-6382)
510.50	r	(P-13875/93;A-6382)
1300.10	n	(P-13865/93;A-6386)
1300.20	n	(P-13865/93;A-6386)
1300 30	n	(P-13865/93;A-6386)
1300 40	n	(P-13865/93;A-6386)
1300 50	n	(P-13865/93;A-6386)
1300.60	n	(P-13865/93;A-6386)
1310.10	n	(P-13843/93;A-6394)
1310.20	n	(P-13843/93;A-6394)
1310.30	n	(P-13843/93;A-6394)
1310 40	n	(P-13843/93;A-6394)
1310 50	n	(P-13843/93;A-6394)

TITLE 32

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320.40	am	(P-8693/93;A-3363)
330.10	am	(P-14417/93;A-5553)
330.15	n	(P-14417/93;A-5553)
330.30	am	(P-14417/93;A-5553)
330.40	am	(P-14417/93;A-5553)
330.200	am	(P-14417/93;A-5553)
330.210	am	(P-14417/93;A-5553)
330.220	am	(P-14417/93;A-5553)
330.240	am	(P-14417/93;A-5553)
330.250	am	(P-14417/93;A-5553)
330.260	am	(P-14417/93;A-5553)
330.270	am	(P-14417/93;A-5553)
330.280	am	(P-14417/93;A-5553)
330.300	am	(P-14417/93;A-5553)
330.310	am	(P-14417/93;A-5553)
330.320	am	(P-14417/93;A-5553)
330.400	am	(P-14417/93;A-5553)
330.900	am	(P-14417/93;A-5553)
330.Ap.A	am	(P-14417/93;A-5553)
330.Ap.B	am	(P-14417/93;A-5553)
330.Ap.D	am	(P-14417/93;A-5553)
330.Ap.G	am	(P-14417/93;A-5553)
330.Ap.H	am	(P-14417/93;A-5553)
331.10	am	(P-3045)
331 20	am	(P-3045)
331.30	am	(P-3045)
331.110	am	(P-3045)
331.120	am	(P-3045)
331.130	am	(P-3045)
331.20	am	(P-3045)
331.Ap.B	r	(P-3045)
331.Ap.D	n	(P-3045)
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333.10	n	(P-9797/93;A-2615)
333.20	n	(P-9797/93;A-2615)
333.30	n	(P-9797/93;A-2615)
333.40	n	(P-9797/93;A-2615)
333.50	n	(P-9797/93;A-2615)
333.60	n	(P-9797/93;A-2615)
335.10	am	(P-20122/93;A-7308)
335.15	n	(P-20122/93;A-7308)
335.20	am	(P-20122/93;A-7308)
335.30	am	(P-20122/93;A-7308)
335.1010	am	(P-20122/93;A-7308)
335.1020	am	(P-20122/93;A-7308)
335.1030	am	(P-20122/93;A-7308)
335.1040	am	(P-20122/93;A-7308)
335.1050	am	(P-20122/93;A-7308)
335.1060	am	(P-20122/93;A-7308)
335.1070	am	(P-20122/93;A-7308)
335.1080	am	(P-20122/93;A-7308)
335.1090	am	(P-20122/93;A-7308)
335.2010	am	(P-20122/93;A-7308)
335.2020	am	(P-20122/93;A-7308)
335.2030	am	(P-20122/93;A-7308)
335 2040	am	(P-20122/93;A-7308)
335 2050	am	(P-20122/93;A-7308)
335.2060	am	(P-20122/93;A-7308)
335.2070	am	(P-20122/93;A-7308)
335.2080	am	(P-20122/93;A-7308)
335.2090	am	(P-20122/93;A-7308)
335.2100	am	(P-20122/93;A-7308)
335.2110	am	(P-20122/93;A-7308)
335.2120	am	(P-20122/93;A-7308)
335.2130	am	(P-20122/93;A-7308)
335.3010	am	(P-20122/93;A-7308)
335 4010	am	(P-20122/93;A-7308)
335 4020	am	(P-20122/93;A-7308)
335.4030	am	(P-20122/93;A-7308)
335.5010	am	(P-20122/93;A-7308)
335.5020	am	(P-20122/93;A-7308)

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335.7020	am	(P-20122/93;A-7308)
335.7030	am	(P-20122/93;A-7308)
335.7040	am	(P-20122/93;A-7308)
335.7050	am	(P-20122/93;A-7308)
335.8010	am	(P-20122/93;A-7308)
335.8020	am	(P-20122/93;A-7308)
335.8030	am	(P-20122/93;A-7308)
335.8040	am	(P-20122/93;A-7308)
335.8050	am	(P-20122/93;A-7308)
335.8060	am	(P-20122/93;A-7308)
335.8080	am	(P-20122/93;A-7308)
335.8090	am	(P-20122/93;A-7308)
335.8100	am	(P-20122/93;A-7308)
335.8120	am	(P-20122/93;A-7308)
335.8130	am	(P-20122/93;A-7308)
335.8140	am	(P-20122/93;A-7308)
335.8150	am	(P-20122/93;A-7308)
335.9010	am	(P-20122/93;A-7308)
335.9020	am	(P-20122/93;A-7308)
335.9030	am	(P-20122/93;A-7308)
335.9040	am	(P-20122/93;A-7308)
335.9050	am	(P-20122/93;A-7308)
335.9060	am	(P-20122/93;A-7308)
335.9070	am	(P-20122/93;A-7308)
335.9080	am	(P-20122/93;A-7308)
335.9090	am	(P-20122/93;A-7308)
335.9100	am	(P-20122/93;A-7308)
335.9120	am	(P-20122/93;A-7308)
335.9130	am	(P-20122/93;A-7308)
335.9140	am	(P-20122/93;A-7308)
335.9150	am	(P-20122/93;A-7308)
335.9160	am	(P-20122/93;A-7308)
335.9170	am	(P-20122/93;A-7308)
335.9180	am	(P-20122/93;A-7308)
340.260	am	(P-11002)
340.310	am	(P-11002)
340.410	am	(P-11002)
340.510	am	(P-11002)
340.930	am	(P-11002)
340.960	am	(P-11002)
340.1130	am	(P-11002)
340.1220	am	(P-11002)
340.1230	am	(P-11002)
341.10	am	(P-13933/93;A-4196)
341.15	n	(P-13933/93;A-4196)
341.20	am	(P-13933/93;A-4196)
341.40	am	(P-13933/93;A-4196)
341.50	am	(P-13933/93;A-4196)
341.60	am	(P-13933/93;A-4196)
341.70	am	(P-13933/93;A-4196)
341.80	am	(P-13933/93;A-4196)
341.90	am	(P-13933/93;A-4196)
341.100	am	(P-13933/93;A-4196)
341.110	am	(P-13933/93;A-4196)
341.120	am	(P-13933/93;A-4196)
341.140	am	(P-13933/93;A-4196)
341.150	am	(P-13933/93;A-4196)
341.160	am	(P-13933/93;A-4196)
341.170	am	(P-13933/93;A-4196)
341.180	am	(P-13933/93;A-4196)
341.190	am	(P-13933/93;A-4196)
341.200	am	(P-13933/93;A-4196)
341.Ap.A	r	(P-13933/93;A-4196)
341.Tb.A	r	(P-13933/93;A-4196)
341.Tb.B	r	(P-13933/93;A-4196)
341.Tb.C	r	(P-13933/93;A-4196)
341.Tb.D	r	(P-13933/93;A-4196)
350.10	am	(P-13882/93;A-7263)
350.20	am	(P-13882/93;A-7263)
350.25	n	(P-13882/93;A-7263)
350.30	am	(P-13882/93;A-7263)
350.40	n	(P-13882/93;A-7263)
350.50	n	(P-13882/93;A-7263)
350.1000	n	(P-13882/93;A-7263)
350.1005	am	(P-13882/93;A-7263)
350.1010	am	(P-13882/93;A-7263)
350.1020	am	(P-13882/93;A-7263)
350.1030	am	(P-13882/93;A-7263)
350.1040	am	(P-13882/93;A-7263)
350.1050	am	(P-13882/93;A-7263)
350.1060	am	(P-13882/93;A-7263)
350.1070	am	(P-13882/93;A-7263)
350.1080	am	(P-13882/93;A-7263)
350.2010	am	(P-13882/93;A-7263)
350.2020	am	(P-13882/93;A-7263)
350.2030	am	(P-13882/93;A-7263)
		(RQ-8956;EC-10943)
350.2040	am	(P-13882/93;A-7263)
350.3010	am	(P-13882/93;A-7263)
350.3020	am	(P-13882/93;A-7263)
350.3030	am	(P-13882/93;A-7263)
350.3040	am	(P-13882/93;A-7263)
350.1045	n	(P-13882/93;A-7263)
350.1048	n	(P-13882/93;A-7263)
350.3050	am	(P-13882/93;A-7263)
350.3060	r	(P-13882/93;A-7263)
350.3070	r	(P-13882/93;A-7263)
350.3080	r	(P-13882/93;A-7263)
350.3090	n	(P-13882/93;A-7263)
350.4000	n	(P-13882/93;A-7263)
350.4010	n	(P-13882/93;A-7263)
350.4020	n	(P-13882/93;A-7263)
350.4030	n	(P-13882/93;A-7263)
350.Ap.A	am	(P-13882/93;A-7263)
350.Ap.B	n	(P-13882/93;A-7263)
350.Ap.C	n	(P-13882/93;A-7263)
351.10	am	(P-8674/93;A-3344)
351.25	n	(P-8674/93;A-3344)
351.40	am	(P-8674/93;A-3344)
351.1010	am	(P-8674/93;A-3344)
351.1040	am	(P-8674/93;A-3344)
351.1050	am	(P-8674/93;A-3344)
351.1060	am	(P-8674/93;A-3344)
351.1070	am	(P-8674/93;A-3344)
351.1080	am	(P-8674/93;A-3344)
351.1090	am	(P-8674/93;A-3344)
351.1100	am	(P-8674/93;A-3344)
351.2010	am	(P-8674/93;A-3344)
351.2020	am	(P-8674/93;A-3344)
351.2030	am	(P-8674/93;A-3344)
351.3030	am	(P-8674/93;A-3344)
351.3040	am	(P-8674/93;A-3344)
351.4010	am	(P-8674/93;A-3344)
351.4020	am	(P-8674/93;A-3344)
351.4030	am	(P-8674/93;A-3344)
351.5010	am	(P-8674/93;A-3344)
351.Ap.B	am	(P-8674/93;A-3344)
360.10	am	(P-3996;A-11524)
360.20	am	(P-3996;A-11524)
360.30	am	(P-3996;A-11524)
360.40	am	(P-3996;A-11524)
360.50	am	(P-3996;A-11524)
360.90	am	(P-3996;A-11524)
360.100	am	(P-3996;A-11524)
360.110	am	(P-3996;A-11524)
360.120	am	(P-3996;A-11524)
360.Ap.A	am	(P-3996;A-11524)
360.Tb.A	am	(P-3996;A-11524)
390.20	am	(P-8666/93;A-3143)
390.30	am	(P-8666/93;A-3143)
390.40	am	(P-8666/93;A-3143)
390.50	am	(P-8666/93;A-3143)
390.60	am	(P-8666/93;A-3143)
390.70	am	(P-8666/93;A-3143)
400.10	am	(P-8655/93;A-3132)
400.110	am	(P-8655/93;A-3132)
400.120	am	(P-8655/93;A-3132)
400.130	am	(P-8655/93;A-3132)
400.140	am	(P-8655/93;A-3132)
400.150	am	(P-8655/93;A-3132)
400.160	am	(P-8655/93;A-3132)
405.10	n	(P-3326;A-10721)
405.20	n	(P-3326;A-10721)
405.30	n	(P-3326;A-10721)
405.40	n	(P-3326;A-10721)
405.50	n	(P-3326;A-10721)
405.60	n	(P-3326;A-10721)
405.70	n	(P-3326;A-10721)
405.80	n	(P-3326;A-10721)
405.90	n	(P-3326;A-10721)
405.100	n	(P-3326;A-10721)
405.110	n	(P-3326;A-10721)
405.120	n	(P-3326;A-10721)
405.130	n	(P-3326;A-10721)
405.140	n	(P-3326;A-10721)
405.150	n	(P-3326;A-10721)
405.Ap.A	n	(P-3326;A-10721)
505.10	n	(P-15220/93;A-2317)
505.20	n	(P-15220/93;A-2317)
505.30	n	(P-15220/93;A-2317)
505.40	n	(P-15220/93;A-2317)
505.50	n	(P-15220/93;A-2317)
505.60	n	(P-15220/93;A-2317)
505.70	n	(P-15220/93;A-2317)
505.80	n	(P-15220/93;A-2317)
505.82	n	(P-15220/93;A-2317)
505.84	n	(P-15220/93;A-2317)
505.86	n	(P-15220/93;A-2317)
505.90	n	(P-15220/93;A-2317)
505.100	n	(P-15220/93;A-2317)
505.110	n	(P-15220/93;A-2317)
505.120	n	(P-15220/93;A-2317)
505.130	n	(P-15220/93;A-2317)
505.140	n	(P-15220/93;A-2317)
505.150	n	(P-15220/93;A-2317)
505.160	n	(P-15220/93;A-2317)
505.170	n	(P-15220/93;A-2317)
505.180	n	(P-15220/93;A-2317)
505.190	n	(P-15220/93;A-2317)
505.1000	n	(P-15220/93;A-2317)
505.1100	n	(P-15220/93;A-2317)
505.1200	n	(P-15220/93;A-2317)
505.1300	n	(P-15220/93;A-2317)
505.1400	n	(P-15220/93;A-2317)
505.1500	n	(P-15220/93;A-2317)
505.1600	n	(P-15220/93;A-2317)
505.1700	n	(P-15220/93;A-2317)
505.1800	n	(P-15220/93;A-2317)
505.1900	n	(P-15220/93;A-2317)
505.2000	n	(P-15220/93;A-2317)
505.2100	n	(P-15220/93;A-2317)

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505.2200	n	(P-15220/93;A-2317)
505.2300	n	(P-15220/93;A-2317)
505.2400	n	(P-15220/93;A-2317)
505.2500	n	(P-15220/93;A-2317)
505.2600	n	(P-15220/93;A-2317)
505.2700	n	(P-15220/93;A-2317)
505.2800	n	(P-15220/93;A-2317)
505.2900	n	(P-15220/93;A-2317)
601.230	am	(P-10519)
606.10	am	(P-10524)
606.30	am	(P-10524)
606.90	am	(P-10524)

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106.910	n	(P-16355/93;A-4230)
106.911	n	(P-16355/93;A-4230)
106.912	n	(P-16355/93;A-4230)
106.913	n	(P-16355/93;A-4230)
106.914	n	(P-16355/93;A-4230)
106.915	n	(P-16355/93;A-4230)
106.916	n	(P-16355/93;A-4230)
106.920	n	(P-16355/93;A-4230)
106.921	n	(P-16355/93;A-4230)
106.922	n	(P-16355/93;A-4230)
106.923	n	(P-16355/93;A-4230)
106.924	n	(P-16355/93;A-4230)
106.925	n	(P-16355/93;A-4230)
106.930	n	(P-959;A-11579)
106.931	n	(P-959;A-11579)
106.932	n	(P-959;A-11579)
106.933	n	(P-959;A-11579)
106.934	n	(P-959;A-11579)
107.100	n	(P-11427)
107.101	n	(P-11427)
107.102	n	(P-11427)
107.103	n	(P-11427)
107.120	n	(P-11427)
107.121	n	(P-11427)
107.122	n	(P-11427)
107.123	n	(P-11427)
107.124	n	(P-11427)
107.140	n	(P-11427)
107.160	n	(P-11427)
107.180	n	(P-11427)
107.181	n	(P-11427)
107.200	n	(P-11427)
107.201	n	(P-11427)
107.202	n	(P-11427)
107.220	n	(P-11427)
107.221	n	(P-11427)
107.222	n	(P-11427)
107.223	n	(P-11427)
107.224	n	(P-11427)
107.225	n	(P-11427)
107.226	n	(P-11427)
107.227	n	(P-11427)
107.228	n	(P-11427)
107.240	n	(P-11427)
107.241	n	(P-11427)
107.242	n	(P-11427)
107.243	n	(P-11427)
107.244	n	(P-11427)
107.245	n	(P-11427)
107.246	n	(P-11427)
107.247	n	(P-11427)
107.260	n	(P-11427)
107.280	n	(P-11427)
107.300	n	(P-11427)
107.301	n	(P-11427)
107.302	n	(P-11427)
107.320	n	(P-11427)
107.340	n	(P-11427)
107.341	n	(P-11427)
107.342	n	(P-11427)
107.360	n	(P-11427)
107.361	n	(P-11427)
107.362	n	(P-11427)
184.100	n	(P-4)
184.101	n	(P-4)
184.102	n	(P-4)
184.103	n	(P-4)
184.104	n	(P-4)
184.105	n	(P-4)
184.106	n	(P-4)
184.200	n	(P-4)
184.201	n	(P-4)
184.202	n	(P-4)
184.203	n	(P-4)
184.204	n	(P-4)
184.205	n	(P-4)
184.206	n	(P-4)
184.207	n	(P-4)
184.300	n	(P-4)
184.301	n	(P-4)
184.302	n	(P-4)
184.400	n	(P-4)
184.401	n	(P-4)
184.402	n	(P-4)
184.403	n	(P-4)
184.500	n	(P-4)
184.501	n	(P-4)
184.502	n	(P-4)
184.503	n	(P-4)
184.504	n	(P-4)
184.505	n	(P-4)
184.506	n	(P-4)
201.101	am	(P-8347)
201.166	#	(P-8347)
201.167	#	(P-8347)
201.168	#,am	(P-8347)
201.207	#,n	(P-8347)
201.208	n	(P-8347)
201.209	#,n	(P-8347)
201.210	#,n	(P-8347)
201.211	n	(P-8347)
201.212	n	(P-8347)
201.302	am	(P-7636)
203.209	am	(P-18754/93;A-6335)
211.102	am	(P-8331)
211.270	n	(P-12491/93;A-1253)
211.1070	n	(P-12491/93;A-1253)
211.1920	n	(P-8331)
211.2030	n	(P-12491/93;A-1253)
211.2300	n	(P-10536)
211.2610	n	(P-12491/93;A-1253)
211.3480	n	(P-9228)
211.3500	n	(P-8331)
211.3620	n	(P-8331)
211.3650	am	(P-9228)
211.3660	n	(P-9228)
211.3695	n	(P-10536)
211 3950	n	(P-12491/93;A-1253)
211.3970	am	(P-9228)
211.3990	am	(P-9228)
211 4050	am	(P-12491/93;A-1253)
211.4130	am	(P-10536)
211.4260	n	(P-8331)
211.4830	n	(P-12491/93;A-1253)
211.4850	n	(P-12491/93;A-1253)
211.4970	n	(P-12491/93;A-1253)
211.5060	n	(P-7589)
211.5340	n	(P-8331)
211.5390	n	(P-12491/93;A-1253)
211.5530	n	(P-12491/93;A-1253)
211.6110	n	(P-12491/93;A-1253)
211.6170	n	(P-12491/93;A-1253)
211.6250	n	(P-12491/93;A-1253)
211.6355	n	(P-8331)
211.6360	n	(P-8331)
211.6630	n	(P-12491/93;A-1253)
211.6650	n	(P-12491/93;A-1253)
211.6710	n	(P-12491/93;A-1253)
211.6830	n	(P-12491/93;A-1253)
211.7050	n	(P-12491/93;A-1253)
212.113	am	(P-967;A-11587)
212.700	n	(P-967;A-11587)
212.701	n	(P-967;A-11587)
212.702	n	(P-967;A-11587)
212.703	n	(P-967;A-11587)
212.704	n	(P-967;A-11587)
212.705	n	(P-967;A-11587)
218.101	am	(P-9242)
218 106	am	(P-12491/93;A-1945)
	am	(P-9242)
218 108	am	(P-12491/93,A-1945)
218.112	am	(P-12491/93;A-1945)
	am	(P-7602)
218.114	n	(P-12491/93;A-1945)
218.119	n	(P-10549)
218.120	n	(P-10549)
218 121	am	(P-10549)
218.125	n	(P-10549)
218.127	n	(P-10549)
218.128	n	(P-10549)
218.402	am	(P-12491/93;A-1945)
218.520	#,am	(P-10549)
218.522	n	(P-10549)
218 523	n	(P-10549)
218.524	n	(P-10549)
218.583	am	(P-7602)
218.602	am	(P-12491/93;A-1945)
218 611	am	(P-12491/93;A-1945)
218.620	am	(P-12491/93;A-1945)
218 623	r	(P-12491/93;A-1945)
218.660	n	(P-12491/93;A-1945)
218.666	n	(P-12491/93;A-1945)
218.667	am	(P-12491/93;A-1945)
218.668	n	(P-12491/93;A-1945)
218.670	n	(P-12491/93;A-1945)
218 672	n	(P-12491/93;A-1945)
218 680	n	(P-12491/93;A-1945)
218 686	n	(P-12491/93;A-1945)
218 688	n	(P-12491/93;A-1945)
218.690	n	(P-12491/93;A-1945)
218 692	n	(P-12491/93;A-1945)
218 760	n	(P-9242)
218.762	n	(P-9242)
218 764	n	(P-9242)
218 766	n	(P-9242)
218.768	n	(P-9242)
218 770	n	(P-9242)
218.920	am	(P-12491/93,A-1945)
	am	(P-9242)

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218.923	r	(P-12491/93;A-1945)
218.926	am	(P-12491/93;A-1945)
218.940	am	(P-12491/93;A-1945)
	am	(P-9242)
218.943	r	(P-12491/93;A-1945)
218.946	am	(P-12491/93;A-1945)
218.960	n	(P-12491/93;A-1945)
	am	(P-9242)
218.963	r	(P-12491/93;A-1945)
218.966	am	(P-12491/93;A-1945)
218.980	am	(P-12491/93;A-1945)
	am	(P-9242)
218.983	r	(P-12491/93;A-1945)
218.986	am	(P-12491/93;A-1945)
218.991	n	(P-12491/93;A-1945)
218.Ap.C	am	(P-10549)
218.Ap.E	n	(P-9242)
219.101	am	(P-9272)
219.106	am	(P-9272)
219.112	am	(P-7618)
219.119	n	(P-10584)
219.120	n	(P-10584)
219.121	am	(P-10584)
219.125	n	(P-10584)
219.127	n	(P-10584)
219.128	n	(P-10584)
219.129	n	(P-10584)
219.520	#,am	(P-10584)
219.522	n	(P-10584)
219.523	n	(P-10584)
219.524	n	(P-10584)
219.583	am	(P-7618)
219.585	am	(P-7618)
219.586	r	(P-8295/93;A-4242)
219.760	am	(P-9272)
219.762	am	(P-9272)
219.764	am	(P-9272)
219.766	am	(P-9272)
219.768	am	(P-9272)
219.770	am	(P-9272)
219.720	am	(P-9272)
219.940	am	(P-9272)
219.960	am	(P-9272)
219.980	am	(P-9272)
219.Ap.C	am	(P-10584)
219.Ap.E	am	(P-9272)
270.101	n	(P-16325/93;A-9425)
270.102	n	(P-16325/93;A-9425)
270.103	n	(P-16325/93;A-9425)
270.104	n	(P-16325/93;A-9425)
270.105	n	(P-16325/93;A-9425)
270.106	n	(P-16325/93;A-9425)
270.107	n	(P-16325/93;A-9425)
270.108	n	(P-16325/93;A-9425)
270.201	n	(P-16325/93;A-9425)
270.202	n	(P-16325/93;A-9425)
270.301	n	(P-16325/93;A-9425)
270.302	n	(P-16325/93;A-9425)
270.303	n	(P-16325/93;A-9425)
270.304	n	(P-16325/93;A-9425)
270.305	n	(P-16325/93;A-9425)
270.306	n	(P-16325/93;A-9425)
270.307	n	(P-16325/93;A-9425)
270.308	n	(P-16325/93;A-9425)
270.401	n	(P-16325/93;A-9425)
270.402	n	(P-16325/93;A-9425)
270.403	n	(P-16325/93;A-9425)
270.404	n	(P-16325/93;A-9425)
270.405	n	(P-16325/93;A-9425)
270.406	n	(P-16325/93;A-9425)
270.407	n	(P-16325/93;A-9425)
270.408	n	(P-16325/93;A-9425)
270.409	n	(P-16325/93;A-9425)
270.410	n	(P-16325/93;A-9425)
270.411	n	(P-16325/93;A-9425)
270.412	n	(P-16325/93;A-9425)
270.413	n	(P-16325/93;A-9425)
270.501	n	(P-16325/93;A-9425)
270.405	n	(P-16325/93;A-9425)
270.406	n	(P-16325/93;A-9425)
270.407	n	(P-16325/93;A-9425)
270.408	n	(P-16325/93;A-9425)
270.409	n	(P-16325/93;A-9425)
270.410	n	(P-16325/93;A-9425)
270.411	n	(P-16325/93;A-9425)
270.412	n	(P-16325/93;A-9425)
270.413	n	(P-16325/93;A-9425)
270.414	n	(P-16325/93;A-9425)
270.415	n	(P-16325/93;A-9425)
270.416	n	(P-16325/93;A-9425)
270.417	n	(P-16325/93;A-9425)
270.418	n	(P-16325/93;A-9425)
270.419	n	(P-16325/93;A-9425)
270.420	n	(P-16325/93;A-9425)
270.421	n	(P-16325/93;A-9425)
270.422	n	(P-16325/93;A-9425)
270.423	n	(P-16325/93;A-9425)
270.424	n	(P-16325/93;A-9425)
270.425	n	(P-16325/93;A-9425)
270.426	n	(P-16325/93;A-9425)
270.427	n	(P-16325/93;A-9425)
270.428	n	(P-16325/93;A-9425)
270.429	n	(P-16325/93;A-9425)
270.430	n	(P-16325/93;A-9425)
270.431	n	(P-16325/93;A-9425)
270.432	n	(P-16325/93;A-9425)
270.433	n	(P-16325/93;A-9425)
270.434	n	(P-16325/93;A-9425)
270.435	n	(P-16325/93;A-9425)
270.436	n	(P-16325/93;A-9425)
270.437	n	(P-16325/93;A-9425)
270.438	n	(P-16325/93;A-9425)
270.439	n	(P-16325/93;A-9425)
270.440	n	(P-16325/93;A-9425)
270.441	n	(P-16325/93;A-9425)
270.442	n	(P-16325/93;A-9425)
270.443	n	(P-16325/93;A-9425)
270.444	n	(P-16325/93;A-9425)
270.445	n	(P-16325/93;A-9425)
270.446	n	(P-16325/93;A-9425)
270.447	n	(P-16325/93;A-9425)
270.448	n	(P-16325/93;A-9425)
270.449	n	(P-16325/93;A-9425)
270.450	n	(P-16325/93;A-9425)
270.451	n	(P-16325/93;A-9425)
270.452	n	(P-16325/93;A-9425)
270.453	n	(P-16325/93;A-9425)
270.454	n	(P-16325/93;A-9425)
270.455	n	(P-16325/93;A-9425)
270.456	n	(P-16325/93;A-9425)
270.457	n	(P-16325/93;A-9425)
270.458	n	(P-16325/93;A-9425)
270.459	n	(P-16325/93;A-9425)
270.460	n	(P-16325/93;A-9425)
270.461	n	(P-16325/93;A-9425)
270.462	n	(P-16325/93;A-9425)
270.463	n	(P-16325/93;A-9425)
270.464	n	(P-16325/93;A-9425)
270.465	n	(P-16325/93;A-9425)
270.466	n	(P-16325/93;A-9425)
270.467	n	(P-16325/93;A-9425)
270.468	n	(P-16325/93;A-9425)
270.469	n	(P-16325/93;A-9425)
270.470	n	(P-16325/93;A-9425)
270.471	n	(P-16325/93;A-9425)
270.472	n	(P-16325/93;A-9425)
270.473	n	(P-16325/93;A-9425)
270.474	n	(P-16325/93;A-9425)
270.475	n	(P-16325/93;A-9425)
270.476	n	(P-16325/93;A-9425)
270.477	n	(P-16325/93;A-9425)
270.478	n	(P-16325/93;A-9425)
270.479	n	(P-16325/93;A-9425)
270.480	n	(P-16325/93;A-9425)
270.481	n	(P-16325/93;A-9425)
270.482	n	(P-16325/93;A-9425)
270.483	n	(P-16325/93;A-9425)
270.484	n	(P-16325/93;A-9425)
270.485	n	(P-16325/93;A-9425)
270.486	n	(P-16325/93;A-9425)
270.487	n	(P-16325/93;A-9425)
270.488	n	(P-16325/93;A-9425)
270.489	n	(P-16325/93;A-9425)
270.490	n	(P-16325/93;A-9425)
270.491	n	(P-16325/93;A-9425)
270.492	n	(P-16325/93;A-9425)
270.493	n	(P-16325/93;A-9425)
270.494	n	(P-16325/93;A-9425)
270.495	n	(P-16325/93;A-9425)
270.496	n	(P-16325/93;A-9425)
270.497	n	(P-16325/93;A-9425)
270.498	n	(P-16325/93;A-9425)
270.499	n	(P-16325/93;A-9425)
270.500	n	(P-16325/93;A-9425)
270.501	n	(P-16325/93;A-9425)
270.502	n	(P-16325/93;A-9425)
270.503	n	(P-16325/93;A-9425)
270.504	n	(P-16325/93;A-9425)
270.505	n	(P-16325/93;A-9425)
270.506	n	(P-16325/93;A-9425)
270.507	n	(P-16325/93;A-9425)
270.508	n	(P-16325/93;A-9425)
270.509	n	(P-16325/93;A-9425)
270.510	n	(P-16325/93;A-9425)
270.511	n	(P-16325/93;A-9425)
270.512	n	(P-16325/93;A-9425)
270.513	n	(P-16325/93;A-9425)
270.514	n	(P-16325/93;A-9425)
270.515	n	(P-16325/93;A-9425)
270.516	n	(P-16325/93;A-9425)
270.517	n	(P-16325/93;A-9425)
270.518	n	(P-16325/93;A-9425)
270.519	n	(P-16325/93;A-9425)
270.520	n	(P-16325/93;A-9425)
270.521	n	(P-16325/93;A-9425)
270.522	n	(P-16325/93;A-9425)
270.523	n	(P-16325/93;A-9425)
270.524	n	(P-16325/93;A-9425)
270.525	n	(P-16325/93;A-9425)
270.526	n	(P-16325/93;A-9425)
270.527	n	(P-16325/93;A-9425)
270.528	n	(P-16325/93;A-9425)
270.529	n	(P-16325/93;A-9425)
270.530	n	(P-16325/93;A-9425)
270.531	n	(P-16325/93;A-9425)
270.532	n	(P-16325/93;A-9425)
270.533	n	(P-16325/93;A-9425)
270.534	n	(P-16325/93;A-9425)
270.535	n	(P-16325/93;A-9425)
270.536	n	(P-16325/93;A-9425)
270.537	n	(P-16325/93;A-9425)
270.538	n	(P-16325/93;A-9425)
270.539	n	(P-16325/93;A-9425)
270.540	n	(P-16325/93;A-9425)
270.541	n	(P-16325/93;A-9425)
270.542	n	(P-16325/93;A-9425)
270.543	n	(P-16325/93;A-9425)
270.544	n	(P-16325/93;A-9425)
270.545	n	(P-16325/93;A-9425)
270.546	n	(P-16325/93;A-9425)
270.547	n	(P-16325/93;A-9425)
270.548	n	(P-16325/93;A-9425)
270.549	n	(P-16325/93;A-9425)
270.550	n	(P-16325/93;A-9425)
270.551	n	(P-16325/93;A-9425)
270.552	n	(P-16325/93;A-9425)
270.553	n	(P-16325/93;A-9425)
270.554	n	(P-16325/93;A-9425)
270.555	n	(P-16325/93;A-9425)
270.556	n	(P-16325/93;A-9425)
270.557	n	(P-16325/93;A-9425)
270.558	n	(P-16325/93;A-9425)
270.559	n	(P-16325/93;A-9425)
270.560	n	(P-16325/93;A-9425)
270.561	n	(P-16325/93;A-9425)
270.562	n	(P-16325/93;A-9425)
270.563	n	(P-16325/93;A-9425)
270.564	n	(P-16325/93;A-9425)
270.565	n	(P-16325/93;A-9425)
270.566	n	(P-16325/93;A-9425)
270.567	n	(P-16325/93;A-9425)
270.568	n	(P-16325/93;A-9425)
270.569	n	(P-16325/93;A-9425)
270.570	n	(P-16325/93;A-9425)
270.571	n	(P-16325/93;A-9425)
270.572	n	(P-16325/93;A-9425)
270.573	n	(P-16325/93;A-9425)
270.574	n	(P-16325/93;A-9425)
270.575	n	(P-16325/93;A-9425)
270.576	n	(P-16325/93;A-9425)
270.577	n	(P-16325/93;A-9425)
270.578	n	(P-16325/93;A-9425)
270.579	n	(P-16325/93;A-9425)
270.580	n	(P-16325/93;A-9425)
270.581	n	(P-16325/93;A-9425)
270.582	n	(P-16325/93;A-9425)
270.583	n	(P-16325/93;A-9425)
270.584	n	(P-16325/93;A-9425)
270.585	n	(P-16325/93;A-9425)
270.586	n	(P-16325/93;A-9425)
270.587	n	(P-16325/93;A-9425)
270.588	n	(P-16325/93;A-9425)
270.589	n	(P-16325/93;A-9425)
270.590	n	(P-16325/93;A-9425)
270.591	n	(P-16325/93;A-9425)
270.592	n	(P-16325/93;A-9425)
270.593	n	(P-16325/93;A-9425)
270.594	n	(P-16325/93;A-9425)
270.595	n	(P-16325/93;A-9425)
270.596	n	(P-16325/93;A-9425)
270.597	n	(P-16325/93;A-9425)
270.598	n	(P-16325/93;A-9425)
270.599	n	(P-16325/93;A-9425)
270.600	n	(P-16325/93;A-9425)
270.601	n	(P-16325/93;A-9425)
270.602	n	(P-16325/93;A-9425)
270.603	n	(P-16325/93;A-9425)
270.604	n	(P-16325/93;A-9425)
270.605	n	(P-16325/93;A-9425)
270.606	n	(P-16325/93;A-9425)
270.607	n	(P-16325/93;A-9425)
270.608	n	(P-16325/93;A-9425)
270.609	n	(P-16325/93;A-9425)
303.400	n	(P-12491/93;A-2981)
304.213	am	(P-15223/93;A-267)
304.303	n	(P-2560;A-11574)
370.100	re	(A-6375)
370.200	re	(A-6375)
370.210	re	(A-6375)
370.220	re	(A-6375)
370.230	re	(A-6375)
370.240	re	(A-6375)
370.250	re	(A-6375)
370.260	re	(A-6375)
370.300	re	(A-6375)
370.340	re	(A-6375)
370.350	re	(A-6375)
370.400	re	(A-6375)
370.410	re	(A-6375)
370.420	re	(A-6375)
370.430	re	(A-6375)
370.440	re	(A-6375)
370.450	re	(A-6375)
370.460	re	(A-6375)
370.470	re	(A-6375)
370.500	re	(A-6375)
370.510	re	(A-6375)
370.520	re	(A-6375)
370.530	re	(A-6375)
370.540	re	(A-6375)
370.550	re	(A-6375)
370.560	re	(A-6375)
370.570	re	(A-6375)
370.600	re	(A-6375)
370.610	re	(A-6375)
370.620	re	(A-6375)
370.700	re	(A-6375)
370.710	re	(A-6375)
370.720	re	(A-6375)
370.730	re	(A-6375)
370.740	re	(A-6375)
370.750	re	(A-6375)
370.800	re	(A-6375)
370.810	re	(A-6375)
370.820	re	(A-6375)
370.830	re	(A-6375)
370.840	re	(A-6375)
370.850	re	(A-6375)
370.860	re	(A-6375)
370.870	re	(A-6375)
370.900	re	(A-6375)
370.910	re	(A-6375)
370.920	re	(A-6375)
370.930	re	(A-6375)
370.940	re	(A-6375)
370.1000	re	(A-6375)
370.1010	re	(A-6375)
370.1030	re	(A-6375)
370.1040	re	(A-6375)
370.1050	re	(A-6375)
370.1060	re	(A-6375)
370.1070	re	(A-6375)
370.1080	re	(A-6375)
370.1100	re	(A-6375)
370.1110	re	(A-6375)
370.1120	re	(A-6375)
370.1130	re	(A-6375)
370.1200	re	(A-6375)
370.1210	re	(A-6375)
370.Ap.A	re	(A-6375)
370.Ap.B	re	(A-6375)
370.Ap.C	re	(A-6375)
370.Ap.D	re	(A-6375)
370.Ap.E	re	(A-6375)
370.Ap.F	re	(A-6375)
370.Ap.G	re	(A-6375)
370.Ap.H	re	(A-6375)
372.100	n	(P-4524)
372.110	n	(P-4524)
372.200	n	(P-4524)
372.210	n	(P-4524)
372.220	n	(P-4524)
372.230	n	(P-4524)
372.240	n	(P-4524)
372.250	n	(P-4524)
372.300	n	(P-4524)
372.310	n	(P-4524)
372.400	n	(P-4524)
372.410	n	(P-4524)
372.420	n	(P-4524)
372.430	n	(P-4524)
372.500	n	(P-4524)
372.510	n	(P-4524)
399.10	n	(P-2552;A-9470)
399.20	n	(P-2552;A-9470)
399.30	n	(P-2552;A-9470)
399.40	n	(P-2552;A-9470)
399.50	n	(P-2552;A-9470)
399.60	n	(P-2552;A-9470)
399.110	n	(P-2552;A-9470)
399.120	n	(P-2552;A-9470)
399.130	n	(P-2552;A-9470)
399.140	n	(P-2552;A-9470)
399.Ap.A	n	(P-2552;A-9470)
611.101	am	(P-7642)
611.102	am	(P-7642)
611.212	am	(P-7642)
611.532	am	(P-7642)
611.602	am	(P-7642)
611.603	am	(P-7642)
611.607	am	(P-7642)
611.609	am	(P-7642)
611.612	am	(P-7642)
611.646	am	(P-7642)
611.648	am	(P-7642)
611.685	am	(P-7642)
611.851	am	(P-7642)
611.856	am	(P-7642)
611.Ap.A	am	(P-7642)
611.609	am	(P-7642)
620.125	am	(P-5113)
620.210	am	(P-5113)
620.260	am	(P-5113)
620.302	am	(P-5113)
620.310	am	(P-5113)
620.410	am	(P-5113)
620.420	am	(P-5113)
620.605	am	(P-5113)
670.101	n	(P-18730/93;A-10122)
670.102	n	(P-18730/93;A-10122)
670.103	n	(P-18730/93;A-10122)
670.104	n	(P-18730/93;A-10122)
670.105	n	(P-18730/93;A-10122)
670.106	n	(P-18730/93;A-10122)
670.107	n	(P-18730/93;A-10122)
670.201	n	(P-18730/93;A-10122)
670.203	n	(P-18730/93;A-10122)
670.205	n	(P-18730/93;A-10122)
670.207	n	(P-18730/93;A-10122)
670.209	n	(P-18730/93;A-10122)
670.211	n	(P-18730/93;A-10122)
670.213	n	(P-18730/93;A-10122)
670.215	n	(P-18730/93;A-10122)
670.217	n	(P-18730/93;A-10122)
670.301	n	(P-18730/93;A-10122)
670.401	n	(P-18730/93;A-10122)
670.501	n	(P-18730/93;A-10122)
702.110	am	(P-406;A-6918)
703.110	am	(P-6580)
703.205	am	(P-6580)
703.223	am	(P-6580)
703.232	am	(P-6580)
703.Ap.A	am	(P-419;A-6898)
720.110	am	(P-337;A-6720)
720.111	am	(P-6553)
720.122	am	(P-6553)
721.103	am	(P-357;A-6741)
721.104	am	(P-357;A-6741)
721.105	am	(P-357;A-6741)
721.106	am	(P-357;A-6741)
721.122	am	(P-6526)
721.124	am	(P-6526)
721.Ap.B	am	(P-6526)
721.Ap.C	am	(P-6526)
721.Ap.J	am	(P-6526)
724.101	am	(P-439;A-6973) (C-5015)
724.103	am	(P-439;A-6973)
724.201	am	(P-439;A-6973)
724.290	am	(P-6641)
724.351	am	(P-439;A-6973)
724.414	am	(P-6641)
724.652	n	(P-439;A-6973)
724.653	n	(P-439;A-6973)
725.101	am	(P-377;A-6771) (C-5011)
725.243	am	(P-337;A-6771)
725.290	am	(P-6568)
725.414	am	(P-6568)
725.543	am	(P-337;A-6771)
726.203	am	(P-6600)
726.204	am	(P-6600)
726.206	am	(P-6600)
726.212	am	(P-6600)
726.Ap.G	am	(P-6600)
728.101	am	(C-5013)
728.102	am	(P-388;A-6799) (C-5013)
728.107	am	(P-388;A-6799) (C-5013)(P-6535)
728.109	am	(P-388;A-6799) (C-5013)
728.135	am	(P-388;A-6799)
728.136	am	(P-388;A-6799)
728.137	am	(P-388;A-6799) (C-5013)
728.140	am	(P-388;A-6799) (C-5013)(P-6535)
728.141	am	(P-388;A-6799) (C-5013)(P-6535)
728.142	am	(P-388;A-6799)
728.145	am	(P-388;A-6799)
728.146	am	(P-388;A-6799)
728.150	am	(P-388;A-6799)
728.Ap.A	am	(P-6535)
728.Ap.B	am	(P-388;A-6799) (P-6535)
728.Tb.A	am	(P-388;A-6799)
728.Tb.B	am	(P-388;A-6799) (C-5013)
728.Tb.D	am	(P-388;A-6799) (C-5013)
728.Tb.F	am	(P-388;A-6799)
732.100	n	(P-5403)
732.101	n	(P-5403)
732.102	n	(P-5403)
732.103	n	(P-5403)
732.104	n	(P-5403)
732.105	n	(P-5403)
732.200	n	(P-5403)
732.201	n	(P-5403)
732.202	n	(P-5403)
732.203	n	(P-5403)
732.204	n	(P-5403)
732.300	n	(P-5403)
732.301	n	(P-5403)
732.302	n	(P-5403)
732.303	n	(P-5403)
732.304	n	(P-5403)
732.305	n	(P-5403)
732.306	n	(P-5403)
732.307	n	(P-5403)
732.308	n	(P-5403)
732.309	n	(P-5403)
732.310	n	(P-5403)
732.311	n	(P-5403)
732.401	n	(P-5403)
732.402	n	(P-5403)
732.403	n	(P-5403)
732.404	n	(P-5403)
732.405	n	(P-5403)
732.406	n	(P-5403)
732.407	n	(P-5403)
732.408	n	(P-5403)
732.409	n	(P-5403)
732.410	n	(P-5403)
732.500	n	(P-5403)
732.501	n	(P-5403)
732.502	n	(P-5403)
732.503	n	(P-5403)
732.504	n	(P-5403)
732.505	n	(P-5403)
732.600	n	(P-5403)
732.601	n	(P-5403)
732.602	n	(P-5403)
732.603	n	(P-5403)
732.604	n	(P-5403)
732.605	n	(P-5403)
732.606	n	(P-5403)
732.607	n	(P-5403)
732.608	n	(P-5403)
732.609	n	(P-5403)
732.610	n	(P-5403)
732.611	n	(P-5403)
732.612	n	(P-5403)
732.Ap.A	n	(P-5403)
732.Ap.B	n	(P-5403)
739.100	am	(P-455)
739.110	am	(P-455)
739.111	am	(P-455)
739.112	am	(P-455)
739.121	am	(P-455)
739.122	am	(P-455)
739.123	am	(P-455)
739.124	am	(P-455)(C-5017)
739.140	am	(P-455)
739.141	am	(P-455)
739.142	am	(P-455)(C-5017)
739.143	am	(P-455)(C-5017)
739.145	am	(P-455)
739.146	am	(P-455)(C-5017)
739.151	am	(P-455)(C-5017)
739.152	am	(P-455)
739.154	am	(P-455)
739.156	am	(P-455)(C-5017)
739.157	am	(P-455)(C-5017)
739.158	am	(P-455)(C-5017)
739.160	am	(P-455)
739.162	am	(P-455)(C-5017)
739.164	am	(P-455)
739.165	am	(P-455)(C-5017)
739.170	am	(P-455)
739.171	am	(P-455)(C-5017)
739.172	am	(P-455)
739.173	am	(P-455)(C-5017)
739.174	am	(P-455)(C-5017)
810.103	am	(P-8702/93;A-1268)
810.104	am	(P-8702/93;A-1268)
811.101	am	(P-8726/93;A-1308) (C-4434)
811.107	am	(P-8726/93;A-1308) (C-4434)
811.110	am	(P-8726/93;A-1308) (C-4434)
811.111	am	(P-8726/93;A-1308) (C-4434)
811.112	n	(P-8726/93;A-1308) (C-4434)

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811.302	am	(P-8726/93;A-1308)	811.Ap.B	am	(P-8726/93;A-1308)	831.112	n	(P-11025)
		(C-4434)			(C-4434)	831.113	n	(P-11025)
811.303	am	(P-8726/93;A-1308)	813.106	am	(P-16920/93;A-2409)	831.114	n	(P-11025)
		(C-4434)			(EC-3018)	831.116	n	(P-11025)
811.309	am	(P-8726/93;A-1308)	814.101	am	(P-8714/93;A-1284)	832.101	n	(P-11033)
		(C-4434)	814.102	am	(P-8714/93;A-1284)	832.102	n	(P-11033)
811.310	am	(P-8726/93;A-1308)	814.103	am	(P-8714/93;A-1284)	832.103	n	(P-11033)
		(RQ-3021)(EC-7504)	814.104	am	(P-8714/93;A-1284)	832.104	n	(P-11033)
		(C-4434)	814.105	am	(P-8714/93;A-1284)	832.105	n	(P-11033)
811.311	am	(P-8726/93;A-1308)	814.107	n	(P-8714/93;A-1284)	832.106	n	(P-11033)
		(C-4434)		am	(E-8488)	832.107	n	(P-11033)
811.314	am	(P-8726/93;A-1308)	814.108	n	(P-8714/93;A-1284)	832.108	n	(P-11033)
		(C-4434)	814.109	n	(P-8714/93;A-1284)	832.109	n	(P-11033)
811.318	am	(P-8726/93;A-1308)	814.302	am	(P-8714/93;A-1284)	832.110	n	(P-11033)
		(C-4434)	814.402	am	(P-8714/93;A-1284)	832.111	n	(P-11033)
811.319	am	(P-8726/93;A-1308)	814.501	am	(P-8714/93;A-1284)	832.201	n	(P-11033)
		(C-4434)	814.Ap.A	n	(P-8714/93;A-1284)	832.202	n	(P-11033)
811.320	am	(P-8726/93;A-1308)	817.309	n	(P-6246)	832.301	n	(P-11033)
		(C-4434)	830.101	n	(P-11040)	832.302	n	(P-11033)
811.323	am	(P-8726/93;A-1308)	830.102	n	(P-11040)	832.303	n	(P-11033)
		(C-4434)	830.103	n	(P-11040)			
811.324	n	(P-8726/93;A-1308)	830.104	n	(P-11040)	**TITLE 38**		
		(C-4434)	830.105	n	(P-11040)	130.10	am	(P-6929/93/93)(W-6454)
811.325	n	(P-8726/93;A-1308)	830.106	n	(P-11040)	130.30	am	(P-6929/93/93)(W-6454)
		(C-4434)	830.107	n	(P-11040)	130.60	am	(P-6929/93/93)(W-6454)
811.326	n	(P-8726/93;A-1308)	830.108	n	(P-11040)	335.10	n	(E-11662)
		(C-4434)	830.201	n	(P-11040)	335.20	n	(E-11662)
811.700	am	(P-8726/93;A-1308)	830.202	n	(P-11040)	335.30	n	(E-11662)
		(C-4434)	830.203	n	(P-11040)	380.10	n	(P-19347/93;A-4630)
811.701	am	(P-8726/93;A-1308)	830.204	n	(P-11040)	380.20	n	(P-19347/93;A-4630)
		(C-4434)	830.205	n	(P-11040)	380.30	n	(P-19347/93;A-4630)
811.702	am	(P-8726/93;A-1308)	830.206	n	(P-11040)	610.10	n	(P-7168)(C-8172)
		(C-4434)	830.207	n	(P-11040)	610.20	n	(P-7168)(C-8172)
811.703	am	(P-8726/93;A-1308)	830.208	n	(P-11040)	610.30	n	(P-7168)(C-8172)
		(C-4434)	830.209	n	(P-11040)	610.40	n	(P-7168)(C-8172)
811.704	am	(P-8726/93;A-1308)	830.210	n	(P-11040)	610.50	n	(P-7168)(C-8172)
		(C-4434)	830.211	n	(P-11040)	610.60	n	(P-7168)(C-8172)
811.705	am	(P-8726/93;A-1308)	830.212	n	(P-11040)	610.70	n	(P-7168)(C-8172)
		(C-4434)	830.213	n	(P-11040)	610.80	n	(P-7168)(C-8172)
811.706	am	(P-8726/93;A-1308)	830.501	n	(P-11040)	610.Ex.A	n	(P-7168)(C-8172)
		(C-4434)	830.502	n	(P-11040)	610.Ex.B	n	(C-7168)(C-8172)
811.707	am	(P-8726/93;A-1308)	830.503	n	(P-11040)	610.Ex.C	n	(C-7168)(C-8172)
		(C-4434)	830.504	n	(P-11040)	610.Ex.D	n	(C-7168)(C-8172)
811.708	am	(P-8726/93;A-1308)	830.507	n	(P-11040)	1075.1100	am	(P-9858)
		(C-4434)	830.508	n	(P-11040)	1075.1105	r,n	(P-9858)
811.709	am	(P-8726/93;A-1308)	830.601	n	(P-11040)	1075.1110	r,n	(P-9858)
		(C-4434)	830.602	n	(P-11040)	1075.1115	r,n	(P-9858)
811.710	am	(P-8726/93;A-1308)	830.603	n	(P-11040)	1075.1120	r,n	(P-9858)
		(C-4434)	830.604	n	(P-11040)	1075.1130	r	(P-9858)
811.711	am	(P-8726/93;A-1308)	830.605	n	(P-11040)	1075.1135	r	(P-9858)
		(C-4434)	830.606	n	(P-11040)	1075.1140	r	(P-9858)
811.712	am	(P-8726/93;A-1308)	830.Tb.A	n	(P-11040)	1075.1145	r	(P-9858)
		(C-4434)	830.Tb.B	n	(P-11040)	1075.1150	r	(P-9858)
811.713	am	(P-8726/93;A-1308)	830.Tb.C	n	(P-11040)	1075.1155	r	(P-9858)
		(C-4434)	830.Ap.A	n	(P-11040)	1075.1160	r	(P-9858)
811.714	am	(P-8726/93;A-1308)	830.Ap.B	n	(P-11040)	1075.1165	r	(P-9858)
		(C-4434)	831.101	n	(P-11025)	1075.1170	r	(P-9858)
811.715	am	(P-8726/93;A-1308)	831.102	n	(P-11025)	1075.1175	r	(P-9858)
		(C-4434)	831.103	n	(P-11025)	1075.1180	r	(P-9858)
811.Ap.A			831.104	n	(P-11025)	1075.1185	r	(P-9858)
II.A	am	(P-8726/93;A-1308)	831.105	n	(P-11025)	1075.1190	r	(P-9858)
		(C-4434)	831.106	n	(P-11025)	1075.1195	r	(P-9858)
II.C	am	(P-8726/93;A-1308)	831.107	n	(P-11025)	1075.1200	r	(P-9858)
		(C-4434)	831.108	n	(P-11025)	1075.1205	r	(P-9858)
II.D	am	(P-8726/93;A-1308)	831.109	n	(P-11025)	1075.1210	am	(P-9858)
		(C-4434)	831.110	n	(P-11025)	1075.1215	am	(P-9858)
II.E	am	(P-8726/93;A-1308)	831.111	n	(P-11025)	1075.1220	am	(P-9858)

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1075.1225	r,n	(P-9858)	170.545	n	(P-9106)	200.330	r	(P-22)
1075.1230	am	(P-9858)	170.560	am	(P-9106)	200.340	am	(P-22)
1075.1235	am	(P-9858)	170.570	am	(P-9106)			
1075.1240	am	(P-9858)	170.580	am	(P-9106)	**TITLE 44**		
1075.1245	am	(P-9858)	170.590	am	(P-9106)	650.10	n	(P-3208;A-9478)
1075.1270	am	(P-9858)	170.600	am	(P-9106)	650.20	n	(P-3208;A-9478)
1075.1285	am	(P-9858)	170.610	am	(P-9106)	650.30	n	(P-3208;A-9478)
1075.1290	am	(P-9858)	170.620	am	(P-9106)	650.40	n	(P-3208;A-9478)
1075.1295	am	(P-9858)	170.630	am	(P-9106)	650.50	n	(P-3208;A-9478)
1075.1305	am	(P-9858)	170.640	am	(P-9106)	650.60	n	(P-3208;A-9478)
1075.1310	am	(P-9858)	170.650	am	(P-9106)	650.70	n	(P-3208;A-9478)
1075.1315	am	(P-9858)	170.660	am	(P-9106)	650.80	n	(P-3208;A-9478)
1075.1330	n	(P-9858)	170.670	am	(P-9106)	650.90	n	(P-3208;A-9478)
1075.2175	n	(E-7016)(P-9858)	170.671	n	(P-9106)	650.100	n	(P-3208;A-9478)
			170.672	n	(P-9106)	650.110	n	(P-3208;A-9478)
TITLE 41			170.673	n	(P-9106)	650.120	n	(P-3208;A-9478)
170.10	am	(P-9106)	170.700	r,n	(P-9106)	650.130	n	(P-3208;A-9478)
170.20	r	(P-9106)	170.705	n	(P-9106)	650.140	n	(P-3208;A-9478)
170.40	r	(P-9106)	170.710	n	(P-9106)	650.150	n	(P-3208;A-9478)
170.41	r	(P-9106)	170.720	n	(P-9106)	650.160	n	(P-3208;A-9478)
170.50	r	(P-9106)	170.730	n	(P-9106)	650.170	n	(P-3208;A-9478)
170.60	r	(P-9106)	170.740	n	(P-9106)	650.180	n	(P-3208;A-9478)
170.65	r	(P-9106)	170.750	n	(P-9106)	650.190	n	(P-3208;A-9478)
170.70	r	(P-9106)	170.760	n	(P-9106)	650.200	n	(P-3208;A-9478)
170.71	r	(P-9106)	170.770	n	(P-9106)	650.210	n	(P-3208;A-9478)
170.72	r	(P-9106)	170.780	n	(P-9106)	650.320	n	(P-3208;A-9478)
170.76	r	(P-9106)	170.790	n	(P-9106)	650.330	n	(P-3208;A-9478)
170.90	r	(P-9106)	170.795	n	(P-9106)	650.340	n	(P-3208;A-9478)
170.100	r	(P-9106)	170.800	am	(P-9106)	650.350	n	(P-3208;A-9478)
170.105	r	(P-9106)	170.810	am	(P-9106)	650.Ap.A	n	(P-3208;A-9478)
170.106	r	(P-9106)	170.820	am	(P-9106)	650.Ap.B	n	(P-3208;A-9478)
170.107	r	(P-9106)	170.830	am	(P-9106)	650.Ap.C	n	(P-3208;A-9478)
170.108	r	(P-9106)	170.850	am	(P-9106)	650.Ap.D	n	(P-3208;A-9478)
170.110	r	(P-9106)	170.860	r	(P-9106)	650.Ap.E	n	(P-3208;A-9478)
170.210	am	(P-8267)	170.890	am	(P-9106)	5000.250	n	(P-15217/93;A-1886)
170.400	am	(P-9106)	170.900	am	(P-9106)	5000.310	am	(P-5057)
170.410	am	(P-9106)	170.910	am	(P-9106)			
170.411	n	(P-9106)	170.920	n	(P-9106)	**TITLE 47**		
170.412	n	(P-9106)	170.930	n	(P-9106)	160.10	am	(P-15747/93;A-5163)
170.420	am	(P-9106)	170.940	n	(P-9106)	160.30	am	(P-15747/93;A-5163)
170.421	n	(P-9106)	170.1000	n	(P-9106)	160.40	am	(P-15747/93;A-5163)
170.422	n	(P-9106)	170.1100	n	(P-9106)	160.50	am	(P-15747/93;A-5163)
170.423	n	(P-9106)	170.1200	n	(P-9106)	160.60	am	(P-15747/93;A-5163)
170.424	n	(P-9106)	170.1300	n	(P-9106)	160.70	am	(P-15747/93;A-5163)
170.425	n	(P-9106)	170.Tb.A	n	(P-9106)	160.80	am	(P-15747/93;A-5163)
170.426	n	(P-9106)	200.5	am	(P-22)	260.101	am	(P-8293)
170.427	n	(P-9106)	200.10	am	(P-22)	260.102	am	(P-8293)
170.430	am	(P-9106)	200.20	am	(P-22)	260.103	am	(P-8293)
170.431	n	(P-9106)	200.30	am	(P-22)	260.104	am	(P-8293)
170.440	am	(P-9106)	200.40	am	(P-22)	260.105	am	(P-8293)
170.441	n	(P-9106)	200.60	am	(P-22)	260.106	am	(P-8293)
170.442	n	(P-9106)	200.70	am	(P-22)	260.107	am	(P-8293)
170.450	am	(P-9106)	200.100	am	(P-22)	260.108	am	(P-8293)
170.460	am	(P-9106)	200.120	r	(P-22)	260.109	am	(P-8293)
170.470	am	(P-9106)	200.160	r	(P-22)	260.110	am	(P-8293)
170.480	am	(P-9106)	200.170	r	(P-22)	260.111	am	(P-8293)
170.481	n	(P-9106)	200.180	r	(P-22)	260.112	am	(P-8293)
170.490	am	(P-9106)	200.200	r	(P-22)	260.113	am	(P-8293)
170.500	am	(P-9106)	200.230	r	(P-22)	260.114	am	(P-8293)
170.510	am	(P-9106)	200.240	r	(P-22)	260.201	am	(P-8293)
170.520	am	(P-9106)	200.250	r	(P-22)	260.202	am	(P-8293)
170.530	am	(P-9106)	200.260	r	(P-22)	260.203	am	(P-8293)
170.540	am	(P-9106)	200.270	r	(P-22)	260.204	am	(P-8293)
170.541	n	(P-9106)	200.280	r	(P-22)	260.205	am	(P-8293)
170.542	n	(P-9106)	200.290	r	(P-22)	260.301	am	(P-8293)
170.543	n	(P-9106)	200.300	r	(P-22)	260.302	am	(P-8293)
170.544	n	(P-9106)	200.310	r	(P-22)	260.303	am	(P-8293)
			200.320	r	(P-22)	260.304	am	(P-8293)

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260.305 am (P-8293)
260.401 am (P-8293)
260.402 am (P-8293)
260.403 am (P-8293)
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260.406 am (P-8293)
260.407 am (P-8293)
260.501 am (P-8293)
260.502 am (P-8293)
260.503 am (P-8293)
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260.505 am (P-8293)
260.506 am (P-8293)
310.401 am (P-13659/93;A-1939)
360.101 am (P-1669;A-8663) (E-2124)(C-10503)
360.103 am (P-1669;A-8663) (E-2124)(C-10503)
360.104 am (P-1669;A-8663) (E-2124)(C-10503)
360.106 am (P-1669;A-8663) (E-2124)(C-10503)
360.109 am (P-1669;A-8663) (E-2124)(C-10503)
360.114 am (P-1669;A-8663) (E-2124)(C-10503)
360.201 am (P-1669;A-8663) (E-2124)(C-10503)
360.202 am (P-1669;A-8663) (E-2124)(C-10503)
360.203 am (P-1669;A-8663) (E-2124)(C-10503)
360.204 n (P-1669;A-8663) (E-2124)(C-10503)
360.301 am (P-1669;A-8663) (E-2124)(C-10503)
360.303 am (P-1669;A-8663) (E-2124)(C-10503)
360.304 am (P-1669;A-8663) (E-2124)(C-10503)
360.305 am (P-1669;A-8663) (E-2124)(C-10503)
360.309 am (P-1669;A-8663) (E-2124)(C-10503)
360.310 am (P-1669;A-8663) (E-2124)(C-10503)
360.401 am (P-1669;A-8663) (E-2124)(C-10503)
360.501 r (P-1669;A-8663) (E-2124)(C-10503)
360.502 am (P-1669;A-8663) (E-2124)(C-10503)
360.503 am (P-1669;A-8663) (E-2124)(C-10503)
360.505 am (P-1669;A-8663) (E-2124)(C-10503)
360.506 am (P-1669;A-8663) (E-2124)(C-10503)
360.507 am (P-1669;A-8663) (E-2124)(C-10503)
360.601 am (P-1669;A-8663) (E-2124)(C-10503)
360.602 am (P-1669;A-8663) (E-2124)(C-10503)
360.603 am (P-1669;A-8663) (E-2124)(C-10503)
360.801 am (P-1669;A-8663) (E-2124)(C-10503)
360.802 am (P-1669;A-8663) (E-2124)(C-10503)
360.803 am (P-1669;A-8663) (E-2124)(C-10503)
360.804 am (P-1669;A-8663) (E-2124)(C-10503)
360.901 am (P-1669;A-8663) (E-2124)(C-10503)
360.902 am (P-1669;A-8663) (E-2124)(C-10503)
360.903 am (P-1669;A-8663) (E-2124)(C-10503)
360.904 am (P-1669;A-8663) (E-2124)(C-10503)
360.905 am (P-1669;A-8663) (E-2124)(C-10503)
360.1101 am (P-1669;A-8663) (E-2124)(C-10503)
360.1102 am (P-1669;A-8663) (E-2124)(C-10503)
365.101 n (P-956;A-8633) (E-1596)(C-10503)
365.102 n (P-956;A-8633) (E-1596)(C-10503)
365.103 n (P-956;A-8633) (E-1596)(C-10503)
365.104 n (P-956;A-8633) (E-1596)(C-10503)
365.105 n (P-956;A-8633) (E-1596)(C-10503)
365.106 n (P-956;A-8633) (E-1596)(C-10503)
365.107 n (P-956;A-8633) (E-1596)(C-10503)
365.108 n (P-956;A-8633) (E-1596)(C-10503)
365.109 n (P-956;A-8633) (E-1596)(C-10503)
365.110 n (P-956;A-8633) (E-1596)(C-10503)
365.111 n (P-956;A-8633) (E-1596)(C-10503)
365.112 n (P-956;A-8633) (E-1596)(C-10503)
365.113 n (P-956;A-8633) (E-1596)(C-10503)
365.114 n (P-956;A-8633) (E-1596)(C-10503)
365.115 n (P-956;A-8633) (E-1596)(C-10503)
365.201 n (P-956;A-8633) (E-1596)(C-10503)
365.202 n (P-956;A-8633) (E-1596)(C-10503)
365.203 n (P-956;A-8633) (E-1596)(C-10503)
365.204 n (P-956;A-8633) (E-1596)(C-10503)
365.301 n (P-956;A-8633) (E-1596)(C-10503)
365.302 n (P-956;A-8633) (E-1596)(C-10503)
365.303 n (P-956;A-8633) (E-1596)(C-10503)
365.304 n (P-956;A-8633) (E-1596)(C-10503)
365.305 n (P-956;A-8633) (E-1596)(C-10503)
365.401 n (P-956;A-8633) (E-1596)(C-10503)
365.402 n (P-956;A-8633) (E-1596)(C-10503)
365.403 n (P-956;A-8633) (E-1596)(C-10503)
365.404 n (P-956;A-8633) (E-1596)(C-10503)
365.405 n (P-956;A-8633) (E-1596)(C-10503)
365.501 n (P-956;A-8633) (E-1596)(C-10503)
365.502 n (P-956;A-8633) (E-1596)(C-10503)
365.503 n (P-956;A-8633) (E-1596)(C-10503)
365.504 n (P-956;A-8633) (E-1596)(C-10503)
365.505 n (P-956;A-8633) (E-1596)(C-10503)
365.506 n (P-956;A-8633) (E-1596)(C-10503)
365.507 n (P-956;A-8633) (E-1596)(C-10503)
365.508 n (P-956;A-8633) (E-1596)(C-10503)
365.601 n (P-956;A-8633) (E-1596)(C-10503)
365.602 n (P-956;A-8633) (E-1596)(C-10503)
365.603 n (P-956;A-8633) (E-1596)(C-10503)
365.604 n (P-956;A-8633) (E-1596)(C-10503)
365.701 n (P-956;A-8633) (E-1596)(C-10503)
365.702 n (P-956;A-8633) (E-1596)(C-10503)
365.703 n (P-956;A-8633) (E-1596)(C-10503)
365.704 n (P-956;A-8633) (E-1596)(C-10503)
365.801 n (P-956;A-8633) (E-1596)(C-10503)
365.901 n (P-956;A-8633) (E-1596)(C-10503)
365.1001 n (P-956;A-8633) (E-1596)(C-10503)
365.1002 n (P-956;A-8633) (E-1596)(C-10503)
365.1101 n (P-956;A-8633) (E-1596)(C-10503)
365.1102 n (P-956;A-8633) (E-1596)(C-10503)
365.1103 n (P-956;A-8633) (E-1596)(C-10503)
365.1104 n (P-956;A-8633) (E-1596)(C-10503)
365.1201 n (P-956;A-8633) (E-1596)(C-10503)
365.1202 n (P-956;A-8633) (E-1596)(C-10503)
365.1203 n (P-956;A-8633) (E-1596)(C-10503)
365.1204 n (P-956;A-8633) (E-1596)(C-10503)
365.1205 n (P-956;A-8633) (E-1596)(C-10503)
600.50 am (P-19834/93)(C-796)
700.100 n (P-4530;A-5826)
700.110 n (P-4530;A-5826)
700.200 n (P-4530;A-5826)
700.205 n (P-4530;A-5826)
700.207 n (P-4530;A-5826)
700.209 n (P-4530;A-5826)
700.211 n (P-4530;A-5826)
700.213 n (P-4530;A-5826)
700.220 n (P-4530;A-5826)
700.221 n (P-4530;A-5826)
700.222 n (P-4530;A-5826)
700.223 n (P-4530;A-5826)
700.224 n (P-4530;A-5826)
700.225 n (P-4530;A-5826)
700.226 n (P-4530;A-5826)
700.227 n (P-4530;A-5826)
700.228 n (P-4530;A-5826)
700.250 n (P-4530;A-5826)
700.252 n (P-4530;A-5826)
700.260 n (P-4530;A-5826)
700.265 n (P-4530;A-5826)
700.270 n (P-4530;A-5826)
700.275 n (P-4530;A-5826)
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854.20 am (P-21143/93;A-6176)
854.30 am (P-21143/93;A-6176)
854.40 am (P-21143/93;A-6176)
854.II.A am (P-21143/93;A-6176)
855.10 am (P-21264/93;A-6168)
855.20 am (P-21264/93;A-6168)
855.30 am (P-21264/93;A-6168)
855.40 am (P-21264/93;A-6168)
855.II.A am (P-21264/93;A-6168)
1103.10 n (P-8411/93;A-885)
1103.20 n (P-8411/93;A-885)
1103.30 n (P-8411/93;A-885)
1103.40 n (P-8411/93;A-885)
1103.50 n (P-8411/93;A-885)
1103.Ex.A n (P-8411/93;A-885)
1250.10 n (P-3985/93;A-2230)
1250.20 n (P-3985/93;A-2230)
1250.30 n (P-3985/93;A-2230)
1250.40 n (P-3985/93;A-2230)
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2012.20 am (P-11279/93;A-2238)
2012.30 am (P-11279/93;A-2238)
2012.40 am (P-11279/93;A-2238)
2012.50 am (P-11279/93;A-2238)
2012.55 n (P-11279/93;A-2238)
2012.60 am (P-11279/93;A-2238)
2012.65 n (P-11279/93;A-2238)
2012.70 am (P-11279/93;A-2238)
2012.80 am (P-11279/93;A-2238)
2012.90 am (P-11279/93;A-2238)
2012.95 n (P-11279/93;A-2238)
2012.100 am (P-11279/93;A-2238)
2012.110 am (P-11279/93;A-2238)
2012.115 n (P-11279/93;A-2238)
2012.120 am (P-11279/93;A-2238)
2012.122 n (P-11279/93;A-2238)
2012.124 n (P-11279/93;A-2238)
2012.126 am (P-11279/93;A-2238)
2012.130 am (P-11279/93;A-2238)
2012.140 n (P-11279/93;A-2238)
2012.150 n (P-11279/93;A-2238)
2012.Ex.C am (P-11279/93;A-2238)
2012.Ex.D n (P-11279/93;A-2238)
2013.10 am (P-8320)
2013.20 am (P-8320)
2013.30 am (P-8320)
2013.40 am (P-8320)
2013.50 am (P-8320)
2013.60 am (P-8320)
2013.70 am (P-8320)
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2017.30 n (P-37)
2017.40 n (P-37)
2017.50 n (P-37)
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2018.20 n (P-3919)
2018.30 n (P-3919)
2018.40 n (P-3919)
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2018.60 n (P-3919)
2018.70 n (P-3919)
2018.80 n (P-3919)
2018.90 n (P-3919)
2018.100 n (P-3919)
2018.110 n (P-3919)
2018.120 n (P-3919)
2018.130 n (P-3919)
2018.140 n (P-3919)
2018.150 n (P-3919)
2018.160 n (P-3919)
2018.170 n (P-3919)
2018.180 n (P-3919)
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2018.200 n (P-3919)
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2018.220 n (P-3919)
2018.230 n (P-3919)
2018.Ex.A n (P-3919)
2018.Ex.B n (P-3919)
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6201.75 n (P-2282)

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2520.20 am (P-9821)
2520.30 am (P-9821)
2520.40 am (P-9821)
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2520.310 r (P-9821)
2520.320 r (P-9821)
2520.330 am (P-9821)
2520.340 r (P-9821)
2520.350 am (P-9821)
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2520.370 r (P-9821)
2520.380 am (P-9821)
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2520.540 r (P-9821)
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2520.560 n (P-9821)
2520.570 n (P-9821)
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2520.640 am (P-9821)
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2600.20 am (P-805;A-9802)
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2630.83 am (P-855;A-9935)
2630.84 r (P-855;A-9935)
2630.85 am (P-855;A-9935)
2630.101 r (P-855;A-9935)
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2630.105 am (P-855;A-9935)
2630.142 am (P-855;A-9935)
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2650.20 am (P-20063/93;RC-6022)
2650.30 am (P-20063/93;RC-6022)
2650.40 am (P-20063/93;RC-6022)
2650.50 am (P-20063/93;RC-6022)
2650.110 am (P-20063/93;RC-6022)
2650.120 am (P-20063/93;RC-6022)
2650.130 am (P-20063/93;RC-6022)
2650.140 r (P-20063/93;RC-6022)
2650.150 r (P-20063/93;RC-6022)
2650.210 r (P-20063/93;RC-6022)
2650.220 r (P-20063/93;RC-6022)
2650.230 r (P-20063/93;RC-6022)
2650.240 am (P-20063/93;RC-6022)
2650.250 am (P-20063/93;RC-6022)
2650.310 am (P-20063/93;RC-6022)
2650.320 am (P-20063/93;RC-6022)
2650.330 am (P-20063/93;RC-6022)
2650.340 r (P-20063/93;RC-6022)
2650.350 am (P-20063/93;RC-6022)
2720.10 am (P-9048)
2720.130 am (P-9048)
2720.135 am (P-9048)
2720.200 am (P-9048)
2720.201 n (P-9048)
2720.205 am (P-9048)
2720.215 am (P-9048)
2720.240 am (P-9048)
2720.245 am (P-9048)
2730.100 am (P-9101)
2732.235 n (P-9067)
2732.305 am (P-9067)
2760.120 am (P-9082)
2760.125 am (P-9082)
2760.127 n (E-2631)(O-7070) (M-7492)
2760.140 am (P-16319/93;A-261) am (P-9082)
2760.150 am (P-9082)
2765.44 n (P-9094)
2765.45 am (P-9094)

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2915.43 n (P-19415/93;A-4154)
2915.45 n (P-19415/93;A-4154)
2915.47 n (P-19415/93;A-4154)
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2960.220 n (P-9075)
2960.230 n (P-9075)
2960.240 n (P-9075)
2960.250 n (P-9075)
2960.260 n (P-9075)
2965.44 am (P-9075)
2965.45 am (P-9075)
2965.68 n (P-9075)
6000.10 am (P-6040)
6000.30 am (P-6040)
6000.40 am (P-6040)
6000.65 am (P-6040)
6000.70 am (P-6040)
6000.80 am (P-6040)
6000.100 am (P-6040)
6000.110 am (P-6040)
6000.120 am (P-6040)
6000.130 am (P-6040)
6000.140 am (P-6040)
6000.150 am (P-6040)
6000.160 am (P-6040)
6000.170 am (P-6040)
6000.190 am (P-6040)
6000.220 am (P-6040)
6000.250 am (P-6040)
6000.260 am (P-6040)
6000.270 am (P-6040)
6000.280 am (P-6040)
6000.290 am (P-6040)
6000.300 am (P-6040)
6000.310 am (P-6040)
6000.320 am (P-6040)
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258.110 n (P-8795)
258.120 n (P-8795)
258.130 n (P-8795)
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258.210 n (P-8795)
258.220 n (P-8795)
258.230 n (P-8795)
258.240 n (P-8795)
258.250 n (P-8795)
258.260 n (P-8795)
258.270 n (P-8795)
258.280 n (P-8795)
258.300 n (P-8795)
258.310 n (P-8795)
258.320 n (P-8795)
258.330 n (P-8795)
258.340 n (P-8795)
258.350 n (P-8795)
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258.390 n (P-8795)
258.400 n (P-8795)
258.410 n (P-8795)
258.500 n (P-8795)
258.510 n (P-8795)
258.520 n (P-8795)
258.530 n (P-8795)
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240.10 am (P-22128/93;A-8061)
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240.250 am (P-22128/93;A-8061)
240.310 am (P-22128/93;A-8061)
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240.330 am (P-22128/93;A-8061)
240.370 am (P-22128/93;A-8061)
240.380 am (P-22128/93;A-8061)
240.460 am (P-22128/93;A-8061)
240.470 n (P-22128/93;A-8061)
240.500 am (P-22128/93;A-8061)
240.610 am (P-22128/93;A-8061)
240.640 am (P-22128/93;A-8061)
240.710 am (P-22128/93;A-8061)
240.740 am (P-22128/93;A-8061)
240.750 am (P-22128/93;A-8061)
240.760 am (P-22128/93;A-8061)
240.770 am (P-22128/93;A-8061)
240.780 am (P-22128/93;A-8061)
240.810 am (P-22128/93;A-8061)
240.850 am (P-22128/93;A-8061)
240.860 am (P-22128/93;A-8061)
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240.861 n (P-22128/93;A-8061)
am (E-10380)(P-11696)
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240.920 am (P-22128/93;A-8061)
240.950 am (P-22128/93;A-8061)
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240.1120 am (P-22128/93;A-8061)
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240.1200 am (P-22128/93;A-8061)
240.1205 am (P-22128/93;A-8061)
240.1210 r (P-22128/93;A-8061)
240.1230 am (P-22128/93;A-8061)
240.1240 am (P-22128/93;A-8061)
240.1250 am (P-22128/93;A-8061)
240.1260 am (P-22128/93;A-8061)
240.1280 am (P-22128/93;A-8061)
240.1410 am (P-22128/93;A-8061)
240.1440 am (P-22128/93;A-8061)
240.1460 am (P-22128/93;A-8061)
240.1480 n (P-22128/93;A-8061)
240.1500 am (P-22128/93;A-8061)
240.1510 am (P-22128/93;A-8061)
240.1520 am (P-22128/93;A-8061)
240.1600 n (P-22128/93;A-8061)
(P-11696)
240.1620 n (P-22128/93;A-8061)
(P-11696)
240.1630 n (P-22128/93;A-8061)
240.1640 n (P-22128/93;A-8061)
240.1700 n (P-22128/93;A-8061)
240.1705 n (P-22128/93;A-8061)
240.1710 n (P-22128/93;A-8061)
240.1720 n (P-22128/93;A-8061)
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240.1805 n (P-22128/93;A-8061)
240.1810 n (P-22128/93;A-8061)
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240.1830 n (P-22128/93;A-8061)
240.1835 n (P-22128/93;A-8061)
240.1840 n (P-22128/93;A-8061)
240.1850 n (P-22128/93;A-8061)
240.1855 n (P-22128/93;A-8061)
240.1860 n (P-22128/93;A-8061)
240.1865 n (P-22128/93;A-8061)
240.1870 n (P-22128/93;A-8061)
240.1900 n (P-22128/93;A-8061)
240.1905 n (P-22128/93;A-8061)
240.1910 n (P-22128/93;A-8061)
240.1920 n (P-22128/93;A-8061)
240.1930 n (P-22128/93;A-8061)
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610.30 am (P-14775/93;A-1875)
610.40 am (P-14775/93;A-1875)
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1175.1001 am (P-20217/93;A-4856)
1175.1005 am (P-20217/93;A-4856)
1175.1010 am (P-20217/93;A-4856)
1175.1015 am (P-20217/93;A-4856)
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1175.1175 am (P-20217/93;A-4856)
1175.1200 am (P-20217/93;A-4856)
1175.1205 am (P-20217/93;A-4856)
1175.1210 am (P-20217/93;A-4856)
1175.1215 am (P-20217/93;A-4856)
1270.5 am (P-14550/93;A-5900)
am (P-9849)
1270.10 am (P-14550/93;A-5900)
am (P-9849)
1270.13 am (P-14550/93;A-5900)
1270.20 am (P-9849)
1283.10 n (P-5477;A-10752)
1283.20 n (P-5477;A-10752)
1283.40 n (P-5477;A-10752)
1283.50 n (P-5477;A-10752)
1283.60 n (P-5477;A-10752)
1283.70 n (P-5477;A-10752)
1283.80 n (P-5477;A-10752)
1283.90 n (P-5477;A-10752)
1283.100 n (P-5477;A-10752)
1283.120 n (P-5477;A-10752)
1285.80 am (EC-312)
1315.130 am (P-
1315.90 r (P-590;A-7373)
1315.100 am (P-590;A-7373)
1315.110 am (P-590;A-7373)
1315.120 am (P-590;A-7373)
1315.130 am (P-590;A-7373)
(P-11447)
1315.140 am (P-590;A-7373)
1315.150 am (P-590;A-7373)
1315.160 am (P-590;A-7373)
1315.163 n (P-590;A-7373)
1315.170 am (P-590;A-7373)
1315.180 r (P-590;A-7373)
1315.200 am (P-590;A-7373)
1360.30 am (P-11451)
1360.40 am (P-11451)
1360.45 am (P-11451)
1360.50 am (P-11451)
1360.60 am (P-11451)
1360.65 am (P-11451)
1360.66 am (P-11451)
1375.10 n (P-7986)
1375.20 n (P-7986)
1375.30 n (P-7986)
1375.40 n (P-7986)
1375.50 n (P-7986)
1375.60 n (P-7986)
1375.70 n (P-7986)
1375.80 n (P-7986)
1375.100 n (P-7986)
1375.110 n (P-7986)
1375.120 n (P-7986)
1375.130 n (P-7986)
1375.135 n (P-7986)
1375.140 n (P-7986)
1375.150 n (P-7986)
1375.160 n (P-7986)
1375.170 n (P-7986)
1375.200 n (P-7986)
1375.210 n (P-7986)
1375.230 n (P-7986)
1380.210 am (P-10619)
1380.240 am (P-10619)
1380.250 am (P-10619)
1380.260 am (P-10619)
1380.Ap.A am (P-10619)
1400.20 am (P-2566;A-11191)
1400.30 am (P-2566;A-11191)
1400.40 am (P-2566;A-11191)
1400.50 am (P-2566;A-11191)
1400.60 am (P-2566;A-11191)
1400.80 am (P-2566;A-11191)
1400.90 am (P-2566;A-11191)
1455.15 am (P-16379/93;A-2379)
1455.30 am (P-16379/93;A-2379)
(P-2733;A-8428)
(E-3006)
1455.200 am (P-16379/93;A-2379)
(P-2733;A-8428)
(E-3006)
1455.205 n (P-16379/;A-2379)
am (P-2733)(E-3006)
1455.210 am (P-16379/93;A-2379)
1455.300 am (P-16379/93;A-2379)
1465.10 r (P-7194)
1465.20 am (P-7194)
1465.30 am (P-7194)
1465.35 n (P-7194)
1465.36 n (P-7194)
1465.40 am (P-7194)
1465.60 am (P-7194)
1465.70 n (P-7194)
1465.90 am (P-7194)
1470.5 r (P-8435/93;A-2370)
1470.7 r (P-8435/93;A-2370)
1470.20 am (P-8435/93;A-2370)
1470.80 am (P-8435/93;A-2370)
1470.90 am (P-8435/93;A-2370)
1480.140 am (P-5749)
1480.150 am (P-5749)
1480.190 am (P-5749)
1500.5 am (P-5758;A-11212)
1500.10 am (P-5758;A-11212)
1500.11 am (P-5758;A-11212)
1500.15 am (P-5758;A-11212)
1500.20 am (P-5758;A-11212)
1500.25 am (P-5758;A-11212)
1500.30 am (P-5758;A-11212)
1500.35 am (P-5758;A-11212)
1500.50 am (P-5758;A-11212)
1500.55 am (P-5758;A-11212)
1500.60 r (P-5758;A-11212)
1500.70 am (P-5758;A-11212)
1505.10 am (P-5737;A-11180)
1505.20 am (P-5737;A-11180)
1505.30 am (P-5737;A-11180)
1505.40 am (P-5737;A-11180)
1505.50 am (P-5737;A-11180)
1505.55 am (P-5737;A-11180)
1505.60 am (P-5737;A-11180)
1505.70 am (P-5737;A-11180)

TITLE 74
275.10 n (P-1664;A-7754)
(E-2119)
330.10 n (P-10677/93;A-11521)
330.20 n (P-10677/93;A-11521)
330.30 n (P-10677/93;A-11521)
330.40 n (P-10677/93;A-11521)
330.50 n (P-10677/93;A-11521)
330.60 n (P-10677/93;A-11521)
330.70 n (P-10677/93;A-11521)
330.80 n (P-10677/93;A-11521)
330.90 n (P-10677/93;A-11521)
330.100 n (P-10677/93;A-11521)
330.110 n (P-10677/93;A-11521)
330.120 n (P-10677/93;A-11521)
330.130 n (P-10677/93;A-11521)
330.140 n (P-10677/93;A-11521)
900.10 n (P-10677/93;A-11521)
900.20 n (P-10677/93;A-11521)
900.30 n (P-10677/93;A-11521)
900.40 n (P-10677/93;A-11521)
900.50 n (P-10677/93;A-11521)
900.60 n (P-10677/93;A-11521)
900.70 n (P-10677/93;A-11521)
900.80 n (P-10677/93;A-11521)
900.90 n (P-10677/93;A-11521)
900.100 n (P-10677/93;A-11521)
900.110 n (P-10677/93;A-11521)
900.120 n (P-10677/93;A-11521)
900.130 n (P-10677/93;A-11521)
900.140 n (P-10677/93;A-11521)

TITLE 77
100.1 am (P-12153/93;A-5980)
100.2 am (P-12153/93;A-5980)
100.3 am (P-12153/93;A-5980)
100.4 am (P-12153/93;A-5980)
100.5 r,n (P-12153/93;A-5980)
100.6 r,n (P-12153/93;A-5980)
100.7 am (P-12153/93;A-5980)
100.8 r,n (P-12153/93;A-5980)
100.9 r,n (P-12153/93;A-5980)
100.10 r,n (P-12153/93;A-5980)
100.11 r,n (P-12153/93;A-5980)
100.12 r,n (P-12153/93;A-5980)
100.13 r,n (P-12153/93;A-5980)
100.14 r,n (P-12153/93;A-5980)
100.15 r,n (P-12153/93;A-5980)
100.16 r,n (P-12153/93;A-5980)
100.17 r,n (P-12153/93;A-5980)
100.18 am (P-12153/93;A-5980)
100.19 am (P-12153/93;A-5980)
205.115 am (P-6653)
205.118 am (P-6653)
205.120 am (P-6653)
205.125 am (P-6653)
205.130 am (P-6653)
205.140 am (P-6653)
205.350 am (P-16414/93;A-11939)
205.620 am (P-6653)
205.1400 am (P-6653)
205.1410 am (P-6653)
205.1740 am (P-6653)

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205.1750	am	(P-6653)
205.1760	am	(P-6653)
205.1780	am	(P-6653)
205.1790	am	(P-6653)
210.1800	n	(P-22333/93;O-10501)
210.2900	n	(P-22333/93;O-10501)
245.40	am	(P-747/93;A-2414)
250.110	am	(P-46)
250.120	am	(P-46)
250.315	am	(P-46)
250.450	am	(P-46)
250.510	am	(P-15757/93;A-11945)
250.520	am	(P-15757/93;A-11945)
250.530	r	(P-15757/93;A-11945)
250.540	r	(P-15757/93;A-11945)
250.550	r	(P-15757/93;A-11945)
250.1820	am	(P-46)
250.1830	am	(P-46)
250.2450	am	(P-46)
270.1000	n	(P-9654/93;A-2424)
270.1050	n	(P-9654/93;A-2424)
270.1100	n	(P-9654/93;A-2424)
270.1200	n	(P-9654/93;A-2424)
270.1300	n	(P-9654/93;A-2424)
270.1400	n	(P-9654/93;A-2424)
270.1500	n	(P-9654/93;A-2424)
270.1600	n	(P-9654/93;A-2424)
270.1700	n	(P-9654/93;A-2424)
270.1800	n	(P-9654/93;A-2424)
270.1900	n	(P-9654/93;A-2424)
270.2000	n	(P-9654/93;A-2424)
270.2100	n	(P-9654/93;A-2424)
270.2200	n	(P-9654/93;A-2424)
270.2300	n	(P-9654/93;A-2424)
300.120	am	(P-12205/93;A-1491)
300.140	am	(P-12205/93;A-1491)
300.150	am	(P-12205/93;A-1491)
300.160	am	(P-12205/93;A-1491)
300.200	am	(P-11873)
300.270	am	(P-11873)
300.282	am	(P-12205/93;A-1491)
300.330	am	(P-11873)
300.630	am	(P-4961)
300.680	am	(P-11873)
300.682	n	(P-11873)
300.684	n	(P-11873)
300.686	n	(P-11873)
300.1030	am	(P-4961)
300.1040	r	(P-11873)
300.1210	am	(P-11873)
300.1620	am	(P-11873)
300.3260	am	(P-4961)
300.2860	am	(P-12205/93;A-1491)
300.Ap.F	n	(P-11873)
330.120	am	(P-12188/93;A-1475)
330.140	am	(P-12188/93;A-1475)
330.150	am	(P-12188/93;A-1475)
330.160	am	(P-12188/93;A-1475)
330.270	am	(P-11829)
330.330	am	(P-11829)
330.730	am	(P-4942)
330.1140	r	(P-11829)
330.1145	n	(P-11829)
330.1150	n	(P-11829)
330.1155	n	(P-11829)
330.4260	am	(P-4942)
330.282	am	(P-12188/93;A-1475)
330.Ap.E	n	(P-11829)
340.1000	n	(E-10391)
340.1010	n	(E-10391)
340.1110	n	(E-10391)
340.1120	n	(E-10391)
340.1130	n	(E-10391)
340.1140	n	(E-10391)
340.1150	n	(E-10391)
340.1160	n	(E-10391)
340.1170	n	(E-10391)
340.1180	n	(E-10391)
340.1200	n	(E-10391)
340.1210	n	(E-10391)
340.1220	n	(E-10391)
340.1230	n	(E-10391)
340.1240	n	(E-10391)
340.1250	n	(E-10391)
340.1260	n	(E-10391)
340.1300	n	(E-10391)
340.1310	n	(E-10391)
340.1320	n	(E-10391)
340.1330	n	(E-10391)
340.1340	n	(E-10391)
340.1350	n	(E-10391)
340.1360	n	(E-10391)
340.1370	n	(E-10391)
340.1400	n	(E-10391)
340.1410	n	(E-10391)
340.1420	n	(E-10391)
340.1430	n	(E-10391)
340.1440	n	(E-10391)
340.1450	n	(E-10391)
340.1460	n	(E-10391)
340.1470	n	(E-10391)
340.1480	n	(E-10391)
340.1500	n	(E-10391)
340.1510	n	(E-10391)
340.1520	n	(E-10391)
340.1530	n	(E-10391)
340.1540	n	(E-10391)
340.1550	n	(E-10391)
340.1560	n	(E-10391)
340.1570	n	(E-10391)
340.1580	n	(E-10391)
340.1590	n	(E-10391)
340.1600	n	(E-10391)
340.1610	n	(E-10391)
340.1620	n	(E-10391)
340.1630	n	(E-10391)
340.1700	n	(E-10391)
340.1710	n	(E-10391)
340.1720	n	(E-10391)
340.1730	n	(E-10391)
340.1800	n	(E-10391)
340.1810	n	(E-10391)
340.1820	n	(E-10391)
340.1830	n	(E-10391)
340.1840	n	(E-10391)
340.1600	n	(E-10391)
340.1910	n	(E-10391)
340.1920	n	(E-10391)
340.1930	n	(E-10391)
340.1940	n	(E-10391)
340.1950	n	(E-10391)
340.1960	n	(E-10391)
340.2000	n	(E-10391)
340.2010	n	(E-10391)
340.2020	n	(E-10391)
340.2030	n	(E-10391)
340.2040	n	(E-10391)
340.2050	n	(E-10391)
340.Tb.A	n	(E-10391)
340.Tb.B	n	(E-10391)
350.110	am	(P-12104/93;A-1432)
350.120	am	(P-12104/93;A-1432)
350.140	am	(P-12104/93;A-1432)
350.150	am	(P-12104/93;A-1432)
350.160	am	(P-12104/93;A-1432)
350.200	am	(P-11714)
350.270	am	(P-11714)
350.282	am	(P-12104/93;A-1432)
350.330	am	(P-11714)
350.640	am	(P-4904)
350.1060	am	(P-11714)
350.1080	n	(P-11714)
350.1082	n	(P-11714)
350.1084	n	(P-11714)
350.1086	n	(P-11714)
350.1220	am	(P-11714)
350.1420	am	(P-11714)
350.2660	am	(P-12104/93;A-1432)
350.3260	am	(P-4904)
350.3750	am	(P-11714)
350.3760	am	(P-11714)
350.Ap.E	n	(P-11714)
390.110	am	(P-12128/93;A-1453)
390.120	am	(P-12128/93;A-1453)
390.140	am	(P-12128/93;A-1453)
390.150	am	(P-12128/93;A-1453)
390.160	am	(P-12128/93;A-1453)
390.200	am	(P-11771)
390.270	am	(P-11771)
390.282	am	(P-12128/93;A-1453)
390.330	am	(P-11771)
390.640	am	(P-4924)
390.1040	am	(P-11771)
390.1310	am	(P-11771)
390.1312	n	(P-11771)
390.1314	n	(P-11771)
390.1316	n	(P-11771)
390.1320	am	(P-11771)
390.1330	r	(P-11771)
390.1420	am	(P-11771)
390.2660	am	(P-12128/93;A-1453)
390.3260	am	(P-4924)
390.Ap.C	n	(P-11771)
420.1	r	(P-103)
420.2	r	(P-103)
420.10	r	(P-103)
420.20	r	(P-103)
420.30	r	(P-103)
420.40	r	(P-103)
420.50	r	(P-103)
420.60	r	(P-103)
420.61	r	(P-103)
505.10	n	(P-13631/93;A-533)
505.20	n	(P-13631/93;A-533)
505.30	n	(P-13631/93;A-533)
505.40	n	(P-13631/93;A-533)
505.50	n	(P-13631/93;A-533)
505.Ap.A	n	(P-13631/93;A-533)
540.220	n	(P-12101/93;A-2620)
547.100	n	(P-95;A-6340)
547.200	n	(P-95;A-6340)
547.300	n	(P-95;A-6340)

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547.400	n	(P-95;A-6340)
547.500	n	(P-95;A-6340)
547.600	n	(P-95;A-6340)
547.700	n	(P-95;A-6340)
593.10	n	(P-11352/93;A-11987)
593.20	n	(P-11352/93;A-11987)
593.30	n	(P-11352/93;A-11987)
593.100	n	(P-11352/93;A-11987)
593.110	n	(P-11352/93;A-11987)
593.120	n	(P-11352/93;A-11987)
593.130	n	(P-11352/93;A-11987)
593.140	n	(P-11352/93;A-11987)
593.200	n	(P-11352/93;A-11987)
593.210	n	(P-11352/93;A-11987)
593.220	n	(P-11352/93;A-11987)
593.230	n	(P-11352/93;A-11987)
593.240	n	(P-11352/93;A-11987)
594.10	n	(P-8572)
594.20	n	(P-8572)
594.30	n	(P-8572)
594.40	n	(P-8572)
594.100	n	(P-8572)
594.110	n	(P-8572)
594.120	n	(P-8572)
594.130	n	(P-8572)
594.140	n	(P-8572)
594.150	n	(P-8572)
594.200	n	(P-8572)
594.210	n	(P-8572)
594.220	n	(P-8572)
594.230	n	(P-8572)
594.240	n	(P-8572)
594.300	n	(P-8572)
594.400	n	(P-8572)
594.410	n	(P-8572)
594.420	n	(P-8572)
594.430	n	(P-8572)
594.440	n	(P-8572)
594.300	n	(P-8572)
596.10	n	(P-3086;A-11971)
596.20	n	(P-3086;A-11971)
596.30	n	(P-3086;A-11971)
596.40	n	(P-3086;A-11971)
596.100	n	(P-3086;A-11971)
596.110	n	(P-3086;A-11971)
596.120	n	(P-3086;A-11971)
596.130	n	(P-3086;A-11971)
596.140	n	(P-3086;A-11971)
596.200	n	(P-3086;A-11971)
596.210	n	(P-3086;A-11971)
596.220	n	(P-3086;A-11971)
596.230	n	(P-3086;A-11971)
596.240	n	(P-3086;A-11971)
596.300	n	(P-3086;A-11971)
596.310	n	(P-3086;A-11971)
596.320	n	(P-3086;A-11971)
596.330	n	(P-3086;A-11971)
596.340	n	(P-3086;A-11971)
597.10	am	(P-8590)
597.110	am	(P-8590)
597.200	am	(P-8590)
597.220	am	(P-8590)
597.320	am	(P-8590)
598.10	n	(P-3077;A-11931)
598.20	n	(P-3077;A-11931)
598.30	n	(P-3077;A-11931)
598.100	n	(P-3077;A-11931)
598.110	n	(P-3077;A-11931)
598.120	n	(P-3077;A-11931)
598.130	n	(P-3077;A-11931)
598.140	n	(P-3077;A-11931)
600.100	r	(P-14831/93;A-4422)
600.100	n	(P-14806/93;A-4276)
600.110	r	(P-14831/93;A-4422)
600.110	n	(P-14806/93;A-4276)
600.120	r	(P-14831/93;A-4422)
600.130	r	(P-14831/93;A-4422)
600.200	r	(P-14831/93;A-4422)
600.200	n	(P-14806/93;A-4276)
600.210	r	(P-14831/93;A-4422)
600.210	n	(P-14806/93;A-4276)
600.220	r	(P-14831/93;A-4422)
600.230	r	(P-14831/93;A-4422)
600.240	r	(P-14831/93;A-4422)
600.250	r	(P-14831/93;A-4422)
600.300	r	(P-14831/93;A-4422)
600.300	n	(P-14806/93;A-4276)
600.310	r	(P-14831/93;A-4422)
600.310	n	(P-14806/93;A-4276)
600.320	r	(P-14831/93;A-4422)
600.320	n	(P-14806/93;A-4276)
600.330	r	(P-14831/93;A-4422)
600.330	n	(P-14806/93;A-4276)
600.340	r	(P-14831/93;A-4422)
600.400	r	(P-14831/93;A-4422)
600.400	n	(P-14806/93;A-4276)
600.410	r	(P-14831/93;A-4422)
600.410	n	(P-14806/93;A-4276)
600.420	r	(P-14831/93;A-4422)
600.500	r	(P-14831/93;A-4422)
600.500	n	(P-14806/93;A-4276)
600.510	r	(P-14831/93;A-4422)
600.510	n	(P-14806/93;A-4276)
600.600	r	(P-14831/93;A-4422)
600.610	r	(P-14831/93;A-4422)
600.700	r	(P-14831/93;A-4422)
600.710	r	(P-14831/93;A-4422)
600.720	r	(P-14831/93;A-4422)
600.740	r	(P-14831/93;A-4422)
600.800	r	(P-14831/93;A-4422)
600.810	r	(P-14831/93;A-4422)
600.820	r	(P-14831/93;A-4422)
600.830	r	(P-14831/93;A-4422)
600.900	r	(P-14831/93;A-4422)
600.910	r	(P-14831/93;A-4422)
600.930	r	(P-14831/93;A-4422)
600.1000	r	(P-14831/93;A-4422)
600.1010	r	(P-14831/93;A-4422)
600.1020	r	(P-14831/93;A-4422)
600.1030	r	(P-14831/93;A-4422)
600.1100	r	(P-14831/93;A-4422)
600.1110	r	(P-14831/93;A-4422)
600.1120	r	(P-14831/93;A-4422)
600.1130	r	(P-14831/93;A-4422)
600.1140	r	(P-14831/93;A-4422)
600.1150	r	(P-14831/93;A-4422)
600.1160	r	(P-14831/93;A-4422)
600.1170	r	(P-14831/93;A-4422)
600.1200	r	(P-14831/93;A-4422)
600.1210	r	(P-14831/93;A-4422)
600.1220	r	(P-14831/93;A-4422)
600.1300	r	(P-14831/93;A-4422)
600.1310	r	(P-14831/93;A-4422)
600.1400	r	(P-14831/93;A-4422)
600.1410	r	(P-14831/93;A-4422)
600.1500	r	(P-14831/93;A-4422)
600.1600	r	(P-14831/93;A-4422)
600.1610	r	(P-14831/93;A-4422)
610.100	n	(P-14824/93;A-4310)
610.110	n	(P-14824/93;A-4310)
610.200	n	(P-14824/93;A-4310)
610.210	n	(P-14824/93;A-4310)
610.100	n	(P-14824/93;A-4310)
610.110	n	(P-14824/93;A-4310)
610.200	n	(P-14824/93;A-4310)
610.210	n	(P-14824/93;A-4310)
610.300	n	(P-14824/93;A-4310)
610.310	n	(P-14824/93;A-4310)
610.320	n	(P-14824/93;A-4310)
615.100	r	(P-17741/93;A-4317)
615.100	n	(P-17798/93;A-4320)
615.110	r	(P-17741/93;A-4317)
615.120	r	(P-17741/93;A-4317)
615.130	r	(P-17741/93;A-4317)
614.140	r	(P-17741/93;A-4317)
615.150	r	(P-17741/93;A-4317)
614.160	r	(P-17741/93;A-4317)
614.200	r	(P-17741/93;A-4317)
615.200	n	(P-17798/93;A-4320)
615.210	n	(P-17798/93;A-4320)
615.220	n	(P-17798/93;A-4320)
615.230	n	(P-17798/93;A-4320)
615.300	n	(P-17798/93;A-4320)
615.310	r	(P-17741/93;A-4317)
615.310	n	(P-17798/93;A-4320)
615.320	r	(P-17741/93;A-4317)
615.320	n	(P-17798/93;A-4320)
615.330	r	(P-17741/93;A-4317)
615.330	n	(P-17798/93;A-4320)
615.340	r	(P-17741/93;A-4317)
615.340	n	(P-17798/93;A-4320)
615.350	r	(P-17741/93;A-4317)
615.360	r	(P-17741/93;A-4317)
615.370	r	(P-17741/93;A-4317)
615.380	r	(P-17741/93;A-4317)
615.390	r	(P-17741/93;A-4317)
615.400	r	(P-17741/93;A-4317)
615.400	n	(P-17798/93;A-4320)
615.410	n	(P-17798/93;A-4320)
615.510	r	(P-17741/93;A-4317)
615.520	r	(P-17741/93;A-4317)
615.530	r	(P-17741/93;A-4317)
615.540	r	(P-17741/93;A-4317)
615.550	r	(P-17741/93;A-4317)
615.560	r	(P-17741/93;A-4317)
615.600	r	(P-17741/93;A-4317)
615.610	r	(P-17741/93;A-4317)
615.620	r	(P-17741/93;A-4317)
615.630	r	(P-17741/93;A-4317)
615.640	r	(P-17741/93;A-4317)
615.700	r	(P-17741/93;A-4317)
615.710	r	(P-17741/93;A-4317)
615.720	r	(P-17741/93;A-4317)
615.730	r	(P-17741/93;A-4317)
615.740	r	(P-17741/93;A-4317)
615.750	r	(P-17741/93;A-4317)
615.760	r	(P-17741/93;A-4317)
615.770	r	(P-17741/93;A-4317)
615.800	r	(P-17741/93;A-4317)
615.810	r	(P-17741/93;A-4317)
615.820	r	(P-17741/93;A-4317)
615.830	r	(P-17741/93;A-4317)
615.840	r	(P-17741/93;A-4317)

(Title 77, cont.)
615.850 r (P-17741/93;A-4317)
615.Ap.A n (P-17798/93;A-4320)
630.220 am (P-3089/93;A-4380)
635.90 am (P-19882/93;A-5869)
665.100 am (P-2697/93;A-4296)
665.110 am (P-2697/93;A-4296)
665.120 am (P-2697/93;A-4296)
665.140 am (P-2697/93;A-4296)
665.150 am (P-2697/93;A-4296)
665.210 am (P-2697/93;A-4296)
665.220 am (P-2697/93;A-4296)
665.230 am (P-2697/93;A-4296)
665.240 am (P-2697/93;A-4296)
665.280 am (P-2697/93;A-4296)
665.310 am (P-2697/93;A-4296)
665.420 am (P-2697/93;A-4296)
665.430 am (P-2697/93;A-4296)
665.510 am (P-2697/93;A-4296)
665.610 am (P-2697/93;A-4296)
665.620 am (P-2697/93;A-4296)
665.630 am (P-2697/93;A-4296)
665.640 am (P-2697/93;A-4296)
665.Ap.B am (P-2697/93;A-4296)
672.100 am (P-12228/93;A-2450)
672.105 am (P-12228/93;A-2450)
672.115 am (P-12228/93;A-2450)
672.205 am (P-12228/93;A-2450)
672.210 am (P-12228/93;A-2450)
672.220 am (P-12228/93;A-2450)
672.225 am (P-12228/93;A-2450)
672.300 am (P-12228/93;A-2450)
672.310 am (P-12228/93;A-2450)
672.315 am (P-12228/93;A-2450)
672.405 am (P-12228/93;A-2450)
672.415 am (P-12228/93;A-2450)
672.420 am (P-12228/93;A-2450)
672.425 am (P-12228/93;A-2450)
672.435 am (P-12228/93;A-2450)
672.440 am (P-12228/93;A-2450)
672.450 am (P-12228/93;A-2450)
672.505 am (P-12228/93;A-2450)
672.510 am (P-12228/93;A-2450)
672.515 am (P-12228/93;A-2450)
672.520 am (P-12228/93;A-2450)
672.600 am (P-12228/93;A-2450)
672.605 am (P-12228/93;A-2450)
672.610 am (P-12228/93;A-2450)
672.615 am (P-12228/93;A-2450)
672.620 am (P-12228/93;A-2450)
672.640 am (P-12228/93;A-2450)
672.645 am (P-12228/93;A-2450)
672.650 am (P-12228/93;A-2450)
672.660 am (P-12228/93;A-2450)
672.665 am (P-12228/93;A-2450)
690.100 am (P-1691;A-10158)
690.110 n (P-1691;A-10158)
690.200 am (P-1691;A-10158)
690.300 am (P-1691;A-10158)
690.310 am (P-1691;A-10158)
690.320 am (P-1691;A-10158)
690.325 n (P-1691;A-10158)
690.330 am (P-1691;A-10158)
690.350 am (P-1691;A-10158)
690.365 n (P-1691;A-10158)
690.370 am (P-1691;A-10158)
690.390 n (P-1691;A-10158)
690.400 am (P-1691;A-10158)
690.410 am (P-1691;A-10158)
690.420 am (P-1691;A-10158)
690.450 am (P-1691;A-10158)
690.460 am (P-1691;A-10158)
690.470 am (P-1691;A-10158)
690.475 am (P-1691;A-10158)
690.480 am (P-1691;A-10158)
690.490 am (P-1691;A-10158)
690.495 n (P-1691;A-10158)
690.505 am (P-1691;A-10158)
690.510 am (P-1691;A-10158)
690.530 am (P-1691;A-10158)
690.540 r (P-1691;A-10158)
690.560 am (P-1691;A-10158)
690.570 am (P-1691;A-10158)
690.590 am (P-1691;A-10158)
690.600 am (P-1691;A-10158)
690.610 am (P-1691;A-10158)
690.630 am (P-1691;A-10158)
690.640 am (P-1691;A-10158)
690.650 am (P-1691;A-10158)
690.660 am (P-1691;A-10158)
690.670 am (P-1691;A-10158)
690.695 am (P-1691;A-10158)
690.710 am (P-1691;A-10158)
690.725 n (P-1691;A-10158)
690.730 n (P-1691;A-10158)
690.900 am (P-1691;A-10158)
690.1000 am (P-1691;A-10158)
690.1010 am (P-1691;A-10158)
690.1200 am (P-1691;A-10158)
690.1210 r (P-1691;A-10158)
690.Ex. A r (P-1691;A-10158)
692.10 am (P-12590/93;A-1427) (P-11107)
692.Ap.A am (P-12590/93;A-1427) (P-11107)
692.Ap.B am (P-12590/93;A-1427)
693.15 am (P-8850)
693.30 am (P-8850)
697.30 am (P-8848)
697.200 am (P-8848)
697.210 am (P-8848)
697.220 am (P-8848)
790.10 n (P-3205)(E-3778)
790.20 r (P-3202)(E-3755)
n (P-3205)(E-3778)
790.40 r (P-3202)(E-3755)
n (P-3205)(E-3778)
790.50 n (P-3205)(E-3778)
790.60 r (P-3202)(E-3755)
n (P-3205)(E-3778)
790.65 n (P-3205)(E-3778)
790.80 r (P-3202)(E-3755)
n (P-3205)(E-3778)
790.100 r (P-3202)(E-3755)
790.120 r (P-3202)(E-3755)
790.140 r (P-3202)(E-3755)
790.160 r (P-3202)(E-3755)
790.180 r (P-3202)(E-3755)
790.200 r (P-3202)(E-3755)
790.220 r (P-3202)(E-3755)
790.240 r (P-3202)(E-3755)
790.260 r (P-3202)(E-3755)
790.280 r (P-3202)(E-3755)
790.300 r (P-3202)(E-3755)
790.320 r (P-3202)(E-3755)
845.10 am (P-8021)
845.12 n (P-8021)
845.26 am (P-8021)
845.28 am (P-8021)
845.29 am (P-8021)
845.30 am (P-8021)
845.31 n (P-8021)
845.32 n (P-8021)
845.33 n (P-8021)
845.50 am (P-8021)
845.Ap.A am (P-8021)
900.10 am (P-10640)
900.15 am (P-10640)
900.20 am (P-10640)
900.30 am (P-10640)
900.40 am (P-10640)
900.50 r (P-10640)
900.60 r (P-10640)
900.70 r (P-10640)
900.80 r (P-10640)
900.90 r (P-10640)
900.100 r (P-10640)
900.Tb.D r (P-10640)
900.Tb.E r (P-10640)
900.Tb.F r (P-10640)
900.Tb.G r (P-10640)
900.Tb.H r (P-10640)
900.Tb.I.Ex.A r (P-10640)
900.Tb.I.Ex.B r (P-10640)
900.Tb.I.Ex.C r (P-10640)
900.Tb.I.Ex.D r (P-10640)
920.10 am (P-11113)
920.15 am (P-11113)
920.20 am (P-11113)
920.30 am (P-11113)
920.40 am (P-11113)
920.50 am (P-11113)
920.60 am (P-11113)
920.70 am (P-11113)
920.80 am (P-11113)
920.90 am (P-11113)
920.100 am (P-11113)
920.110 am (P-11113)
920.120 am (P-11113)
920.130 am (P-11113)
920.140 am (P-11113)
920.150 am (P-11113)
920.160 am (P-11113)
920.170 am (P-11113)
920.180 am (P-11113)
920.190 am (P-11113)
920.Tb.A am (P-11113)
920.Tb.B am (P-11113)
920.II.H am (P-11113)
960.10 n (P-2180)
960.20 n (P-2180)
960.30 n (P-2180)
960.40 n (P-2180)
960.50 n (P-2180)
960.60 n (P-2180)
960.70 n (P-2180)
960.80 n (P-2180)
960.90 n (P-2180)
960.100 n (P-2180)
960.110 n (P-2205)
960.120 n (P-2205)
960.130 n (P-2205)
960.210 r (P-2180)
960.220 r (P-2180)

(Title 77, cont.)
960.230 r (P-2180)
960.240 r (P-2180)
960.250 r (P-2180)
960.310 r (P-2180)
960.320 r (P-2180)
960.330 r (P-2180)
960.340 r (P-2180)
960.350 r (P-2180)
970.10 n (P-9354)(E-9549)
970.20 n (P-9354)(E-9549)
970.30 n (P-9354)(E-9549)
970.40 n (P-9354)(E-9549)
970.50 n (P-9354)(E-9549)
970.60 n (P-9354)(E-9549)
970.70 n (P-9354)(E-9549)
970.80 n (P-9354)(E-9549)
970.90 n (P-9354)(E-9549)
970.100 n (P-9354)(E-9549)
970.110 n (P-9354)(E-9549)
1100.670 am (P-12608/93;A-2986)
1100.740 n (P-8144/93;A-8448)
1100.750 n (P-9357)
1110.1810 am (P-12593/93;A-2983)
1110.1830 am (P-12593/93;A-2993)
1110.2510 n (P-8149/93;A-8455)
1110.2520 n (P-8149/93;A-8455)
1110.2530 n (P-8149/93;A-8455)
1110.2540 n (P-8149/93;A-8455)
1110.2550 n (P-8149/93;A-8455)
1110.2610 n (P-9364)
1110.2620 n (P-9364)
1110.2630 n (P-9364)
1110.2640 n (P-9364)
1110.2650 n (P-9364)
1130.140 am (P-8867)
1130.210 am (P-8867)
1130.310 am (P-8867)
1130.410 am (P-8867)
1130.520 am (P-8867)
1130.525 am (P-8867)
1130.530 r (P-8867)
1130.570 am (P-8867)
1130.620 am (P-8867)
1130.650 am (P-8867)
1130.710 am (P-8867)
1130.720 am (P-8867)
1130.730 am (P-8867)
1130.740 am (P-8867)
1130.750 am (P-8867)
1130.760 am (P-8867)
1130.770 am (P-8867)
1130.780 am (P-8867)
1130.790 n (P-8867)
1130.Ap.A am (P-8861)
1400.10 am (P-4538;A-10712)
1400.20 r (P-4538;A-10712)
1400.30 r (P-4538;A-10712)
1400.110 am (P-4538;A-10712)
1400.Tb.A r (P-4538;A-10712)
1400.Tb.B r (P-4538;A-10712)
2090.20 am (P-5029;C-8731)
2090.35 n (P-5029;C-8731)
2090.40 am (P-5029;C-8731)
2090.70 am (P-5029;C-8731)
2090.100 am (P-5029;C-8731)
2090.110 am (P-5029;C-8731)
2510.50 am (P-18944/93;A-5300)
2510.55 am (P-18944/93;A-5300)
2510.70 am (P-18944/93;A-5300)
2510.Ap.B am (P-18944/93;A-5300)
2510.Ap.C am (P-18944/93;A-5300)
2510.Ap.D am (P-18944/93;A-5300) (P-8274)
2510.Ap.E am (P-18944/93;A-5300) (P-8274)
2530.Ap.B am (P-19007/93;A-5343)

TITLE 80
250.110 am (P-18453/93;A-1901)
302.570 am (P-14788/93;A-1892)
302.825 am (P-14788/93;A-1892)
302.840 am (P-14788/93;A-1892)
310.40 am (P-21233/93;A-5146)
310.100 am (P-10979)(E-11299)
310.110 am (P-10979)(E-11299)
310.270 am (P-21233/93;A-5146)
310.280 am (P-21233/93;A-5146) (P-10979)
310.290 am (P-14314/93;A-1107)
310.450 am (P-14314/93;A-1107)
310.455 am (P-14314/93;A-1107)
310.490 am (P-14314/93;A-1107)
310.495 am (P-13657/93;A-227)
310.530 am (P-14314/93;A-1107)
310.540 am (P-14314/93;A-1107)
310.Ap.A.Tb.A am (PP-9562)
310.Ap.A.Tb.B am (PP-9562)
310.Ap.A.Tb.C am (PP-9562)
310.Ap.A.Tb.H am (PP-9562)
310.Ap.A.Tb.I am (PP-9562)
310.Ap.A.Tb.J am (PP-9562)
310.Ap.A.Tb.N am (PP-9562)
310.Ap.A.Tb.O am (PP-9562)
310.Ap.A.Tb.R am (PP-9562)
310.Ap.A.Tb.T am (P-21233/93;A-5146)
310.Ap.A.Tb.W am (PP-9562)
310.Ap.A.Tb.X am (PP-9562)
310.Ap.A.Tb.Y am (PP-9562)
310.Ap.A.Tb.Z am (PP-9562)
310.Ap.B am (P-10979)(E-11299)
310.Ap.C am (P-14314/93;A-1107)
310.Ap.D am (P-14314/93;A-1107)
310.Ap.G am (P-13657/93;A-227) (P-14314/93;A-1107)
1650.160 am (P-22487/93;A-6349)
1650.180 am (P-22487/93;A-6349)
1650.181 n (P-22487/93;A-6349) am (P-8904)(E-8949)
1650.182 n (P-22487/93;A-6349)
1650.210 am (P-22487/93;A-6349)
1650.230 am (P-22487/93;A-6349)
1650.250 am (P-22487/93;A-6349)
1650.280 am (P-22487/93;A-6349)
1650.290 am (P-22487/93;A-6349)
1650.340 am (P-22487/93;A-6349)
1650.440 am (P-22487/93;A-6349)
1650.450 am (P-22487/93;A-6349)
1650.460 am (P-22487/93;A-6349)
1650.520 am (P-22487/93;A-6349)
1650.560 am (P-22487/93;A-6349)
1650.620 am (P-22487/93;A-6349)
1650.640 am (P-22487/93;A-6349)
1650.650 am (P-22487/93;A-6349)
2650.1 am (RC-3151)
2650.10 am (RC-3151)
2650.15 am (RC-3151)
2650.25 am (RC-3151)
2650.30 am (RC-3151)
2650.40 n (RC-3151)
2650.50 n (RC-3151)
2650.60 n (RC-3151)
2650.70 n (RC-3151)
2700.110 am (P-19755/93;A-7224)
2700.200 am (P-19755/93;A-7224)
2700.320 am (P-19755/93;A-7224)
2700.410 am (P-19755/93;A-7224)
2700.420 am (P-19755/93;A-7224)
2700.430 am (P-19755/93;A-7224)
2700.440 am (P-19755/93;A-7224)
2700.450 am (P-19755/93;A-7224)
2700.600 am (P-19755/93;A-7224)
2700.620 am (P-19755/93;A-7224)
2700.630 am (P-19755/93;A-7224)
2700.640 am (P-19755/93;A-7224)
2700.650 am (P-19755/93;A-7224)
2700.670 am (P-19755/93;A-7224)
2700.700 am (P-19755/93;A-7224)
2700.710 am (P-19755/93;A-7224)
2700.720 am (P-19755/93;A-7224)
2700.730 am (P-19755/93;A-7224)
2700.735 am (P-19755/93;A-7224)
2700.740 am (P-19755/93;A-7224)
2700.750 am (P-19755/93;A-7224)
2700.760 am (P-19755/93;A-7224)
2700.820 am (P-19755/93;A-7224)
2700.Ex.B r (P-19755/93;A-7224)
2700.Ex.C r (P-19755/93;A-7224)
2700.Ex.D r (P-19755/93;A-7224)
2700.Ex.E r (P-19755/93;A-7224)
2700.Ex.F r (P-19755/93;A-7224)

TITLE 83
200.875 n (P-22117/93;A-7748)
280.50 am (P-918)
280.76 n (P-6382/93;A-6160)
280.130 am (P-918)
285.2045 am (P-2723;A-10684)
285.3005 am (P-2723;A-10684)
315.10 am (P-202/93;A-676)
315.20 am (M-795)(P-202/93;A-676)
315.30 am (P-202/93;A-676)
315.40 n (P-202/93;A-676)
315.50 n (P-202/93;A-676)
315.60 n (P-202/93;A-676)
315.70 n (P-202/93;A-676)
415.10 am (P-937;A-10692)
415.20 am (P-937;A-10692)
415.210 am (P-937;A-10692)
415.250 am (P-937;A-10692)
415.270 r (P-937;A-10692)
415.411 n (P-4490)
415.4118 n (P-4490)
415.420 r (P-937;A-10692)
415.430 am (P-937;A-10692)
415.450 r (P-937;A-10692)
415.1020 r (P-937;A-10692)
415.1080 r (P-937;A-10692)
415.4118 n (P-4490)
415.4119 n (P-4490)
415.2010 n (P-937;A-10692)

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415.2070	n	(P-937;A-10692)
415.2110	n	(P-937;A-10692)
415.2140	n	(P-937;A-10692)
415.4390	am	(P-937;A-10692)
425.40	am	(P-4483)
425.50	am	(P-4483)
505.10	am	(P-946;A-10701)
505.20	am	(P-946;A-10701)
505.210	am	(P-946;A-10701)
505.250	am	(P-946;A-10701)
505.270	r	(P-946;A-10701)
505.280	r	(P-946;A-10701)
505.330	am	(P-946;A-10701)
505.370	am	(P-946;A-10701)
505.420	r	(P-946;A-10701)
505.430	am	(P-946;A-10701)
505.450	r	(P-946;A-10701)
505.470	am	(P-946;A-10701)
505.500	am	(P-946;A-10701)
505.1020	r	(P-946;A-10701)
505.1080	r	(P-946;A-10701)
505.2010	n	(P-946;A-10701)
505.2070	n	(P-946;A-10701)
505.2110	n	(P-946;A-10701)
505.2140	n	(P-946;A-10701)
505.4090	r	(P-946;A-10701)
505.4390	am	(P-946;A-10701)
535.10	r	(P-6081)
535.15	r	(P-6081)
535.100	r	(P-6081)
535.110	r	(P-6081)
535.115	r	(P-6081)
535.120	r	(P-6081)
535.200	r	(P-6081)
535.205	r	(P-6081)
535.210	r	(P-6081)
535.220	r	(P-6081)
535.300	r	(P-6081)
535.305	r	(P-6081)
535.310	r	(P-6081)
535.320	r	(P-6081)
535.330	r	(P-6081)
535.340	r	(P-6081)
535.350	r	(P-6081)
535.360	r	(P-6081)
535.400	r	(P-6081)
535.410	r	(P-6081)
535.500	r	(P-6081)
535.510	r	(P-6081)
590.10	am	(P-2720;A-11518)
735.70	am	(P-12483/93;A-4146)
735.100	am	(P-927)
735.121	n	(P-6386/93;A-6164)
735.130	am	(P-927)
770.10	am	(P-6099)
770.20	am	(P-6099)
770.30	am	(P-6099)
770.40	n	(P-6099)
770.50	n	(P-6099)
770.60	n	(P-6099)
772.10	n	(P-7156)
772.20	n	(P-7156)
772.30	n	(P-7156)
772.35	n	(P-7156)
772.40	n	(P-7156)
772.45	n	(P-7156)
772.50	n	(P-7156)
772.55	n	(P-7156)
772.60	n	(P-7156)
772.70	n	(P-7156)
772.80	n	(P-7156)
772.90	n	(P-7156)
772.100	n	(P-7156)
772.110	n	(P-7156)
772.120	n	(P-7156)
772.130	n	(P-7156)
772.135	n	(P-7156)
772.140	n	(P-7156)
772.150	n	(P-7156)
790.5	n	(P-6147)
790.10	n	(P-6147)
790.100	n	(P-6147)
790.110	n	(P-6147)
790.120	n	(P-6147)
790.130	n	(P-6147)
790.200	n	(P-6147)
790.210	n	(P-6147)
790.220	n	(P-6147)
790.230	n	(P-6147)
790.240	n	(P-6147)
790.300	n	(P-6147)
792.10	n	(P-11988/93;A-1919)
792.20	n	(P-11988/93;A-1919)
792.30	n	(P-11988/93;A-1919)
792.40	n	(P-11988/93;A-1919)
792.50	n	(P-11988/93;A-1919)

TITLE 86

100.2470	am	(P-21163/93;A-7768)
	am	(P-9377)
100.3350	am	(P-17861/93;A-2494)
100.5020	am	(P-15471/93;A-1510)
100.5140	am	(P-15471/93;A-1510)
100.5230	am	(P-15471/93;A-1510)
100.5250	am	(P-15471/93;A-1510)
100.7095	am	(P-15471/93;A-1510)
100.7310	am	(P-15471/93;A-1510)
100.9000	am	(P-15471/93;A-1510)
100.9100	am	(P-15471/93;A-1510)
100.9400	am	(P-15471/93;A-1510)
100.9420	am	(P-15471/93;A-1510)
120.10	am	(P-1789)
130.455	n	(P-6684)
130.901	am	(P-15501/93;A-1537)
130.905	am	(P-15501/93;A-1537)
130.2007	am	(P-982)
140.801	am	(P-15515/93;A-1550)
140 1415	am	(P-15515/93;A-1550)
150.1001	am	(P-15527/93;A-1584)
150 1415	am	(P-15527/93;A-1584)
160.140	am	(P-15522/93;A-1557)
430.110	am	(P-4101)
432.110	am	(P-4117;A-11636)
435.120	am	(P-4109;A-11629)
500.101	re	(A-4451)
500.102	re	(A-4451)
500.103	re	(A-4451)
500.105	re	(A-4451)
500.110	re	(A-4451)
500.115	re	(A-4451)
500.120	re	(A-4451)
500.125	re	(A-4451)
500.130	re	(A-4451)
500.135	re	(A-4451)
500.140	re	(A-4451)
500.145	re	(A-4451)
500.150	re	(A-4451)
500.155	re	(A-4451)
500.160	re	(A-4451)
500.165	re	(A-4451)
500.170	re	(A-4451)
500.175	re	(A-4451)
500.180	re	(A-4451)
500.185	re	(A-4451)
500.190	re	(A-4451)
500.195	re	(A-4451)
500.200	re	(A-4451)
500.201	re	(A-4451)
500.205	re	(A-4451)
500.210	re	(A-4451)
500.215	re	(A-4451)
500.220	re	(A-4451)
500.225	re	(A-4451)
500 230	re	(A-4451)
500.235	re	(A-4451)
700.100	n	(P-16421/93;A-1561)
700.110	n	(P-16421/93;A-1561)
700.200	n	(P-16421/93;A-1561)
700.210	n	(P-16421/93;A-1561)
700.220	n	(P-16421/93;A-1561)
700.230	n	(P-16421/93;A-1561)
700.300	n	(P-16421/93;A-1561)
	am	(P-9394)
700.310	n	(P-16421/93;A-1561)
700.320	n	(P-16421/93;A-1561)
700.330	n	(P-16421/93;A-1561)
700.340	n	(P-16421/93;A-1561)
700.400	n	(P-16421/93;A-1561)
700.500	n	(P-16421/93;A-1561)
750.300	am	(P-6112)
750.400	am	(P-6112)
750.900	am	(P-6112)

TITLE 89

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102.200	am	(P-15461/93;A-273)
102.210	am	(P-15461/93;A-273)
102.220	am	(P-15461/93;A-273)
102.230	am	(P-15461/93;A-273)
102.235	n	(P-15461/93;A-273)
102.240	am	(P-15461/93;A-273)
102.250	am	(P-15461/93;A-273)
104.101	am	(P-21283/93;A-11260)
104.104	am	(P-21283/93;A-11260)
111.20	am	(P-22262/93;A-7009)
111.101	am	(P-22262/93;A-7009)
111.101	am	(P-18764/93;A-2029)
112.70	am	(P-2753;A-10774)
	am	(P-11461)
112.71	am	(P-2753;A-10774)
112.72	am	(P-2753;A-10774)
112.74	am	(P-2753;A-10774)
112.76	am	(P-2753;A-10774)
112.77	am	(P-2753;A-10774)
112.78	am	(P-2753;A-10774)
	am	(P-11461)
112.79	am	(P-2753;A-10774)
112.80	am	(P-2753;A-10774)
112.81	am	(P-2753;A-10774)
112.82	am	(P-2753;A-10774)
	am	(P-7208)
112.83	am	(P-2753;A-10774)
112.84	am	(P-2753;A-10774)

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112.130	am	(P-18436/93;A-5909)
112.131	am	(P-18436/93;A-5909)
112.140	am	(P-2578;A-8703)
112.141	am	(P-18436/93;A-5909)
112.142	am	(P-19436/93;A-5909)
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112.253	am	(P-22247/93;A-6994)
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112.300	am	(P-2587;A-8703)
112.302	am	(P-19436/93;A-5909)
112.350	am	(P-18436/93;A-5909)
112.352	am	(P-19436/93;A-5909)
112.354	am	(P-19436/93;A-5909)
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112.151	am	(P-4546)
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113.141	am	(P-4562)
113.155	am	(P-13380/93;A-2018)
113.253	am	(P-21982/93;A-7759)
113.260	am	(P-21982/93;A-7759)
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114.251	am	(P-22308/93;A-4586)
114.351	am	(P-22308/93;A-7390)
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114.353	am	(P-7390)
114.450	am	(P-19443/93;A-3436)
114.452	am	(P-19443/93;A-3436)
114.454	am	(P-19443/93;A-3436)
114.456	am	(P-19443/93;A-3436)
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115.10	am	(P-9346)
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115.40	am	(P-9346)
117.10	am	(P-21158/93;A-3746)
117.54	am	(P-22007/93;A-7403)
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120.30	am	(P-22321/93;A-8718)
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120.325	r,n	(P-21266/93;A-5934)
120.326	n	(P-21266/93;A-5934)
120.327	n	(P-21266/93;A-5934)
120.382	am	(P-4063;A-11231)
120.386	am	(P-4063;A-11231)
121.27	n	(P-18425/93;A-2033)
121.28	n	(P-18425/93;A-2033)
121.29	n	(P-18425/93;A-2033)
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121.63	am	(P-6251)
121.70	am	(P-6251)
121.72	am	(P-6251)
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140.12	am	(P-18436/93;A-3620)
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140.27	am	(P-5951)
140.40	am	(P-18436/93;A-3620)
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140.82	am	(P-17736/93;A-3620)
140.84	am	(P-17736/93;A-3620)
140.400	am	(P-18436/93;A-3620)
140.413	am	(P-18436/93;A-3620)
		(P-10637)(E-10922)
140.420	am	(P-15444/93;A-4250)
140.421	am	(P-15444/93;A-4250)
140.440	am	(P-4597)
140.442	am	(P-4597)
140.443	am	(P-4597)
140.460	am	(P-18436/93;A-3620)
140.461	am	(P-17736/93;A-3620)
140.462	am	(P-18436/93;A-3620)
140.463	am	(P-18436/93;A-3620)
140.464	am	(P-18436/93;A-3620)
140.469	am	(P-19012/93;A-4250)
140.485	am	(P-17736/93;A-3620)
140.514	am	(P-9296)
140.523	am	(P-18436/93;A-3620)
140.530	am	(P-4077;A-11244)
140.535	am	(P-11088)
140.538	am	(P-9296)
140.578	am	(P-11088)
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140.855	r	(P-9296)
140.860	r	(P-9296)
140.865	am	(P-4597;W-8730)
	r	(P-9296)(C-10942)
140.870	am	(P-4597;W-8730)
	r	(P-9296)(C-10942)
140.875	r	(P-9296)
140.880	r	(P-9296)
140.885	r	(P-9296)
140.890	r	(P-9296)
140.895	r	(P-9296)
140.920	n	(P-18436/93;A-3620)
140.922	n	(P-17736/93;A-3620)
140.924	n	(P-18436/93;A-3620)
140.926	n	(P-18436/93;A-3620)
140.928	n	(P-18436/93;A-3620)
140.930	n	(P-17736/93;A-3620)
140.932	n	(P-18436/93;A-3620)
140.Tb.K	r	(P-9296)
140 Tb.L	r	(P-9296)
140.Tb.M	n	(P-17736/93;A-3620)
144.5	am	(P-11079)(E-11314)
144.25	r	(P-11079)(E-11314)
144.50	r	(P-11079)(E-11314)
144.75	r	(P-11079)(E-11314)
144.100	r	(P-11079)(E-11314)
144.105	r	(P-11079)(E-11314)
144.125	am	(P-11079)(E-11314)
144.150	am	(P-11079)(E-11314)
144.175	am	(P-11079)(E-11314)
144.200	r	(P-11079)(E-11314)
144.205	r	(P-11079)(E-11314)
		(E-2509)
144.225	r	(P-11079)(E-11314)
144.230	am	(P-11079)(E-11314)
144.250	r	(P-11079)(E-11314)
144.275	am	(P-11079)(E-11314)
144 300	am	(P-11079)(E-11314)
144.325	am	(P-11079)(E-11314)
144.Tb.C	r	(P-11079)(E-11314)
147.105	am	(P-18788/93;A-4271)
147.150	am	(P-14803/93;A-2405)
147.205	am	(P-14803/93;A-2405)
148.20	am	(P-15291/93;A-3450)
148.25	am	(P-15291/93;A-3450)
148.40	am	(P-15291/93;A-3450)
148.50	am	(P-15291/93;A-3450)
148.60	am	(P-15291/93;A-3450)
148.70	am	(P-15291/93;A-3450)
148.82	am	(P-15291/93;A-3450)
	am	(P-5135)
148.120	am	(P-15291/93;A-3450)
148.130	am	(P-15291/93;A-3450)
148.140	am	(P-15291/93;A-3450)
148.150	am	(P-15291/93;A-3450)
148.160	am	(P-15291/93;A-3450)
148.170	am	(P-15291/93;A-3450)
148.180	am	(P-15291/93;A-3450)
148.200	am	(P-15291/93;A-3450)
148.210	am	(P-15291/93;A-3450)
148.230	am	(P-15291/93;A-3450)
148.240	am	(P-15291/93;A-3450)
148.250	am	(P-15291/93;A-3450)
148.260	am	(P-15291/93;A-3450)
148.270	am	(P-15291/93;A-3450)
148.280	am	(P-15291/93;A-3450)
148.290	am	(P-15291/93;A-3450)
148.310	am	(P-15291/93;A-3450)
149.5	am	(P-15243/93;A-3378)
149.10	am	(P-15243/93;A-3378)
149.25	am	(P-15243/93;A-3378)
149.50	am	(P-15243/93;A-3378)
149.75	am	(P-15243/93;A-3378)
149.100	am	(P-15243/93;A-3378)
149.105	am	(P-15243/93;A-3378)
149.125	am	(P-15243/93;A-3378)
149.140	am	(P-15243/93;A-3378)
149.150	am	(P-15243/93;A-3378)
152.100	n	(P-1677;A-(E-2150)
152.150	n	(P-1677;A-10141)(E-2150)
152.200	n	(P-1677;A-10141)(E-2150)
152.250	n	(P-1677;A-10141)(E-2150)
153.100	n	(P-1686;A-10154)(E-2159)
153.150	n	(P-11082)(E-11380)
160 5	am	(P-12067;A-697)
160.60	am	(P-497)
160.65	am	(P-12067;A-697)
160.70	am	(P-12067;A-697)
170.50	am	(P-19440/93;A-3372)
170.250	n	(P-19440/93;A-3372)
230.360	am	(P-5720)
230 361	am	(P-5720)
230.362	am	(P-5720)
230.363	am	(P-5720)
230.364	r	(P-5720)
230.365	am	(P-5720)

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240.160	am	(P-14225/93;A-609)
240.210	am	(P-14225/93;A-609)
240.220	r	(P-14225/93;A-609)
240.270	am	(P-14225/93;A-609)
240.280	am	(P-14225/93;A-609)
240.350	am	(P-14225/93;A-609)
240.430	am	(E-5365)(P-5348)
240.870	am	(P-14225/93;A-609)
240.910	am	(P-14225/93;A-609)
240.1510	am	(P-14225/93;A-609)
240.1520	am	(P-14225/93;A-609)
240.1535	am	(P-14225/93;A-609)
240.1540	r	(P-14225/93;A-609)
240.1545	r	(P-14225/93;A-609)
240.1590	am	(P-14225/93;A-609)
240.1600	am	(P-14225/93;A-609)
240.1610	am	(P-14225/93;A-609)
240.1630	am	(P-14225/93;A-609)
240.1920	am	(P-14225/93;A-609)
240.1930	am	(P-14225/93;A-609)
240.2020	am	(P-14225/93;A-609)
240.2030	am	(P-14225/93;A-609)
240.2040	am	(P-14225/93;A-609)
240.2050	am	(P-14225/93;A-609)
260.100	n	(P-3802;A-9895)
260.200	n	(P-3802;A-9895)
260.300	n	(P-3802;A-9895)
260.400	n	(P-3802;A-9895)
300.20	am	(P-15218/93;A-8601)
300.130	am	(P-18271/93;A-8377)
300.160	am	(P-18271/93;A-8377)
300.Ap.B	am	(P-8240)
305.20	am	(P-6467)
305.30	am	(P-6467)
305.40	am	(P-6467)
308.10	re	(A-11510)
308.20	re	(A-11510)
308.30	re	(A-11510)
308.40	re	(A-11510)
308.50	re	(A-11510)
308.60	re	(A-11510)
308.70	re	(A-11510)
314.10	n	(P-17593/93;A-8366)
314.20	n	(P-17593/93;A-8366)
314.30	n	(P-17593/93;A-8366)
314.40	n	(P-17593/93;A-8366)
314.50	n	(P-17593/93;A-8366)
314.60	n	(P-17593/93;A-8366)
314.70	n	(P-17593/93;A-8366)
314.80	n	(P-17593/93;A-8366)
314.90	n	(P-17593/93;A-8366)
314.100	n	(P-17593/93;A-8366)
325.10	n	(P-8765)
325.20	n	(P-8765)
325.30	n	(P-8765)
325.40	n	(P-8765)
325.50	n	(P-8765)
325.60	n	(P-8765)
325.70	n	(P-8765)
335.208	n	(P-6681)
336.150	am	(P-11407)
356.5	am	(P-10679/93-11512)
358.1	r	(P-8786)
358.2	r	(P-8786)
358.3	r	(P-8786)
358.4	r	(P-8786)
358.5	r	(P-8786)
358.6	r	(P-8786)
358.7	r	(P-8786)
358.8	r	(P-8786)
380.1	r	(P-8779)
380.2	r	(P-8779)
380.3	r	(P-8779)
380.4	r	(P-8779)
380.5	r	(P-8779)
380.6	r	(P-8779)
380.7	r	(P-8779)
380.8	r	(P-8779)
380.9	r	(P-8779)
380.10	r	(P-8779)
380.11	r	(P-8779)
380.12	r	(P-8779)
380.13	r	(P-8779)
380.14	r	(P-8779)
384.1	#,am	(P-8528)
384.2	#,am	(P-8528)
384.3	#,am	(P-8528)
384.4	#,am	(P-8528)
384.5	am	(E-8474)
	r	(P-8528)
384.30	n	(P-8528)
384.60	n	(P-8528)
384.70	n	(P-8528)
384.80	n	(P-8528)
384.90	n	(P-8528)
384.100	n	(P-8528)
384.110	n	(P-8528)
384.120	n	(P-8528)
384.130	n	(P-8528)
385.10	am	(P-8219)
385.20	am	(P-8219)
385.30	n	(P-8219)
385.40	n	(P-8219)
385.50	#,am	(P-8219)
385.60	#,am	(P-8219)
385.70	#,am	(P-8219)
385.80	n	(P-8219)
385.90	#,am	(P-8219)
385.100	#	(P-8219)
385.Ap.A	n	(P-8219)
402.2	am	(P-8237;RC-10499) (E-8481)
402.7	am	(P-8237)(E-8481)
406.8	am	(P-2683)
406.9	am	(P-2683)
406.12	am	(RC-3152)(P-5531)
406.13	am	(P-2683)(RC-3152) (P-5531)
406.14	am	(RC-3152)(P-5531)
408.30	am	(P-2700)
408.40	am	(P-2700)
408.45	am	(P-2700)
408.60	am	(P-11976/93;A-5540) (RC-3153)A-5540)
408.65	am	(P-2700)(P-11976/93; A-5540)(RC-3153)
408.70	am	(P-11976/93;A-5540) (RC-3153)
428.10	am	(P-561)
428.20	am	(P-561)
428.30	am	(P-561)
428.40	am	(P-561)
428.50	n	(P-561)
428.60	am	(P-561)
428.70	am	(P-561)
428.90	am	(P-561)
431.1	am	(CC-7951)
431.2	am	(CC-7951)
431.3	am	(CC-7951)
431.4	am	(CC-7951)
431.5	am	(CC-7951)
431.6	am	(CC-7951)
431.7	am	(CC-7951)
431.8	am	(CC-7951)
431.9	am	(CC-7951)
431.10	am	(CC-7591)
431.11	am	(CC-7591)
431.12	am	(CC-7591)
431.15	am	(CC-7951)(P-7554)
431.20	am	(CC-7951)(P-7554)
431.30	am	(CC-7951)(P-7554)
431.40	am	(CC-7951)(P-7554)
431.50	am	(CC-7951)(P-7554)
431.60	n	(P-7554)
431.70	am	(CC-7951)(P-7554)
431.80	n	(P-7554)
431.90	am	(CC-7951)(P-7554)
431.100	am	(CC-7951)(P-7554)
431.110	am	(CC-7951)(P-7554)
431.120	am	(CC-7951)(P-7554)
431.130	am	(CC-7951)(P-7554)
431.140	am	(CC-7951)(P-7554)
434.1	am	(P-7115/93;A-6697)
434.2	am	(P-7115/93;A-6697)
434.3	am	(P-7115/93;A-6697)
434.4	am	(P-7115/93;A-6697)
434.5	am	(P-7115/93;A-6697)
434.6	am	(P-7115/93;A-6697)
434.7	am	(P-7115/93;A-6697)
	am	(P-8777)(E-8944)
434.8	am	(P-7115/93;A-6697)
434.9	am	(P-7115/93;A-6697)
434.10	am	(P-7115/93;A-6697)
434.11	am	(P-7115/93;A-6697)
434.12	am	(P-7115/93;A-6697)
428.150	am	(P-561)
437.7	am	(P-7579)
515.600	n	(P-2846;A-11623)
515.610	n	(P-2846;A-11623)
515.620	n	(P-2846;A-11623)
515.630	n	(P-2846;A-11623)
515.640	n	(P-2846;A-11623)
515.650	n	(P-2846;A-11623)
546.10	n	(P-1784;A-10241)
590.650	am	(P-3106;A-11275)
590.660	am	(P-3106;A-11275)
590.670	am	(P-3106;A-11275)
590.675	n	(P-3106;A-11275)
590.680	am	(P-3106;A-11275)
640.10	n	(P-4097;A-11271)
640.20	n	(P-4097;A-11271)
688.10	am	(P-4093;A-11267)
688.20	am	(P-4093;A-11267)
688.30	am	(P-4093;A-11267)
688.40	am	(P-4093;A-11267)
830.150	n	(P-6267)
1200.30	am	(P-7780/93;A-2104)
1200.50	am	(P-7780/93;A-2104)
1200.70	am	(P-7780/93;A-2104)
1200.Ap.A	am	(P-7780/93;A-2104)

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14.902	n	(P-5796)
14.905	am	(P-5796)
14.910	am	(P-5796)
14.920	am	(P-5796)
14.925	am	(P-5796)
14.930	am	(P-5796)
14.940	am	(P-5796)
14.945	am	(P-5796)
14.950	am	(P-5796)
14.955	am	(P-5796)
14.960	am	(P-5796)
14.965	am	(P-5796)
14.970	am	(P-5796)
14.975	am	(P-5796)
14.980	am	(P-5796)
14.985	am	(P-5796)
14.900	am	(P-5796)
14.955	am	(P-5796)
14.997	am	(P-5796)
14.998	am	(P-5796)
14.999	am	(P-5796)
107.3	am	(P-2133/93;A-7881)
107.103	am	(P-2133/93;A-7881)
107.105	am	(P-2133/93;A-7881)
107.111	am	(P-2133/93;A-7881)
107.123	am	(P-2133/93;A-7881)
107.315	am	(P-2133/93;A-7881)
107.317	am	(P-2133/93;A-7881)
107.601	n	(P-2133/93;A-7881)
171.4	#	(P-21314/93;A-7861)
171.5	am	(P-21314/93;A-7861)
171.15	am	(P-21314/93;A-7861)
171.17	#,am	(P-21314/93;A-7861)
171.21	#	(P-21314/93;A-7861)
171.1000	am	(P-21314/93;A-7861)
172.2000	am	(P-21326/93;A-7874)
172.2215	am	(P-21326/93;A-7874)
173.3000	am	(P-21345/93;A-7895)
177.2000	am	(P-21305/93;A-7852)
178.2000	am	(P-21351/93;A-7901)
179.2000	am	(P-21362/93;A-7912)
180.2000	am	(P-21360/93;A-7857)
386.1000	am	(P-13734/93;A-778)
390.1010	am	(P-13734/93;A-778) (P-2912;A-10359)
390.1020	am	(P-2912;A-10359)
390.1140	am	(P-13734/93;A-778)
390.1000	am	(P-13986/93;A-754)
390.1010	am	(P-13986/93;A-754) (P-2912)
390.1020	am	(P-13986/93;A-754) (P-2912)
390.1030	am	(P-13986/93;A-754)
390.2000	am	(P-13986/93;A-754)
391.1000	am	(P-13739/93;A-783)
391.2000	am	(P-13739/93;A-783)
392.2000	am	(P-13690/93;A-740) (P-2909;A-10362)
393.2000	am	(P-13730/93;A-774)
395.2000	am	(P-13693/93;A-743)
396.2000	am	(P-13699/93;A-749)
396.2010	am	(P-13699/93;A-749)
397.1010	am	(P-13686/93;A-736)
397.1020	am	(P-13686/93;A-736)
440.410	am	(P-6272)
440.420	am	(P-6272)
442.130	am	(P-6304)
442.205	am	(P-6304)
442.230	am	(P-6304)
442.270	am	(P-6304)
442.285	am	(P-6304)
442.710	am	(P-6304)
444.5	n	(P-6318)
444.10	am	(P-6318)
444.15	n	(P-6318)
444.20	am	(P-6318)
450.110	am	(P-7733)
450.120	am	(P-7733)
450.130	am	(P-7733)
450.220	am	(P-7733)
456.60	am	(P-4126;A-11650)
456.70	am	(P-4126;A-11650)
457.1000	n	(P-11150)
457.1010	n	(P-11150)
457.1020	n	(P-11150)
518.20	am	(P-12628/93;A-283)
518.750	am	(P-12628/93;A-283)
533.10	n	(P-18447/93;A-2625)
533.20	n	(P-18447/93;A-2625)
533.30	n	(P-18447/93;A-2625)
533.40	n	(P-18447/93;A-2625)
533.50	n	(P-18447/93;A-2625)
533.60	n	(P-18447/93;A-2625)
533.70	n	(P-18447/93;A-2625)
600.10	n	(P-12613/93;A-540)
600.20	n	(P-12613/93;A-540)
600.30	n	(P-12613/93;A-540)
600.40	n	(P-12613/93;A-540)
600.50	n	(P-12613/93;A-540)
600.60	n	(P-12613/93;A-540)
600.70	n	(P-12613/93;A-540)
600.80	n	(P-12613/93;A-540)
600.90	n	(P-12613/93;A-540)
600.100	n	(P-12613/93;A-540)
600.110	n	(P-12613/93;A-540)
600.120	n	(P-12613/93;A-540)
600.130	n	(P-12613/93;A-540)
700.20	am	(P-607;A-8167) (E-790)
700.75	n	(P-607;A-8167) (E-790)
708.60	am	(P-1811;A-11284)
708.70	am	(P-1811;A-11284)
1001.410	am	(P-7731)(E-7916)
1001.441	n	(P-7731)(E-7916)
1001.442	n	(P-7731)(E-7916)
1001.443	n	(P-7731)(E-7916)
1030.13	n	(P-11924)
1030.85	am	(P-11924)
1030.96	n	(P-993;A-7478)
1030.97	n	(P-15803/93;A-1591)
1030.120	am	(P-11924)
1040.20	am	(P-2853;A-10853)
1040.35	am	(P-2608;A-11650) (RC-10502)
1040.43	am	(P-1797;A-7447)
1060.5	am	(P-142;A-7788)
1060.10	am	(P-142;A-7788)
1060.20	am	(P-142;A-7788)
1060.30	am	(P-142;A-7788)
1060.40	am	(P-142;A-7788)
1060.50	am	(P-142;A-7788)
1060.60	am	(P-142;A-7788)
1060.70	am	(P-142;A-7788)
1060.80	am	(P-142;A-7788)
1060.90	am	(P-142;A-7788)
1060.100	am	(P-142;A-7788)
1060.110	am	(P-142;A-7788)
1060.120	am	(P-142;A-7788)
1060.130	am	(P-142;A-7788)
1060.140	am	(P-142;A-7788)
1060.150	am	(P-142;A-7788)
1060.160	am	(P-142;A-7788)
1060.170	am	(P-142;A-7788)
1060.180	am	(P-142;A-7788)
1060.190	am	(P-142;A-7788)
1060.200	am	(P-142;A-7788)
1070.40	am	(P-2217;A-10909)
1070.60	am	(P-2217;A-10909)
1070.80	am	(P-2217;A-10909) (EC-3016)
1070.90	am	(P-2217;A-10909)
1070.100	am	(P-2217;A-10909)
1205.10	am	(P-21250/93;A-11155)
1205.20	r	(P-21250/93;A-11155)
1205.110	am	(P-21250/93;A-11155)
1205.200	r	(P-21250/93;A-11155)
1236.10	n	(P-8635/93;A-1924)
1375.10	r	(P-8635/93;A-1927)
1375.15	r	(P-8635/93;A-1927)
1375.20	r	(P-8635/93;A-1927)
1375.30	r	(P-8635/93;A-1927)
1375.40	r	(P-8635/93;A-1927)
1375.50	r	(P-8635/93;A-1927)
1375.60	r	(P-8635/93;A-1927)
1375.80	r	(P-8635/93;A-1927)
1375.85	r	(P-8635/93;A-1927)
1375.1000	r	(P-8635/93;A-1927)
1375.1010	r	(P-8635/93;A-1927)
1375.1020	r	(P-8635/93;A-1927)
1375.1030	r	(P-8635/93;A-1927)
1375.1040	r	(P-8635/93;A-1927)
1375.1050	r	(P-8635/93;A-1927)
1375.1060	r	(P-8635/93;A-1927)
1375.1070	r	(P-8635/93;A-1927)
1375.1080	r	(P-8635/93;A-1927)
1375.1090	r	(P-8635/93;A-1927)
1375.1100	r	(P-8635/93;A-1927)
1375.1110	r	(P-8635/93;A-1927)
1375.1120	r	(P-8635/93;A-1927)
1375.1130	r	(P-8635/93;A-1927)
1375.1140	r	(P-8635/93;A-1927)
1375.1150	r	(P-8635/93;A-1927)
1375.1160	r	(P-8635/93;A-1927)
1375.1170	r	(P-8635/93;A-1927)
1375.2010	r	(P-8635/93;A-1927)
1375.2020	r	(P-8635/93;A-1927)
1375.2030	r	(P-8635/93;A-1927)
1375.2040	r	(P-8635/93;A-1927)
1375.2050	r	(P-8635/93;A-1927)
1375.2060	r	(P-8635/93;A-1927)
1375.2070	r	(P-8635/93;A-1927)
1375.2080	r	(P-8635/93;A-1927)
1375.3010	r	(P-8635/93;A-1927)
1375.3020	r	(P-8635/93;A-1927)
1375.3030	r	(P-8635/93;A-1927)
1375.4010	r	(P-8635/93;A-1927)
1375.5010	r	(P-8635/93;A-1927)
1375.6010	r	(P-8635/93;A-1927)
1375.6020	r	(P-8635/93;A-1927)
1375.6030	r	(P-8635/93;A-1927)
1375.7010	r	(P-8635/93;A-1927)
1375.7020	r	(P-8635/93;A-1927)

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1375.7030	r	(P-8635/93;A-1927)
1375.7040	r	(P-8635/93;A-1927)
1375.7050	r	(P-8635/93;A-1927)
1375.7060	r	(P-8635/93;A-1927)
1375.7070	r	(P-8635/93;A-1927)
1375.7080	r	(P-8635/93;A-1927)
1375.7090	r	(P-8635/93;A-1927)
1375.7100	r	(P-8635/93;A-1927)
1375.7110	r	(P-8635/93;A-1927)
1375.7120	r	(P-8635/93;A-1927)
1375.7130	r	(P-8635/93;A-1927)
1375.7140	r	(P-8635/93;A-1927)
1375.7150	r	(P-8635/93;A-1927)
1375.7160	r	(P-8635/93;A-1927)
1375.7170	r	(P-8635/93;A-1927)
1375.7175	r	(P-8635/93;A-1927)
1375.7180	r	(P-8635/93;A-1927)
1375.7190	r	(P-8635/93;A-1927)
1375.7200	r	(P-8635/93;A-1927)
1375.7210	r	(P-8635/93;A-1927)
1375.7220	r	(P-8635/93;A-1927)
1375.7230	r	(P-8635/93;A-1927)
1375.7240	r	(P-8635/93;A-1927)
1375.7250	r	(P-8635/93;A-1927)
1375.7260	r	(P-8635/93;A-1927)
1375.8100	r	(P-8635/93;A-1927)
1375.8110	r	(P-8635/93;A-1927)
1375.8120	r	(P-8635/93;A-1927)
1375.8130	r	(P-8635/93;A-1927)
1375.8140	r	(P-8635/93;A-1927)
1376.10	n	(P-8630/93;A-1914)
1376.20	n	(P-8630/93;A-1914)
1376.30	n	(P-8630/93;A-1914)
1376.40	n	(P-8630/93;A-1914)
1425.10	am	(P-18715/93;A-11162)
1425.20	am	(P-18715/93;A-11162)
1425.30	am	(P-18715/93;A-11162)
1425.40	am	(P-18715/93;A-11162)
1710.134	n	(P-21257/93;A-8609)
1710.170	am	(P-21257/93;A-8609)

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